# **Ageing, Health and Retirement Choices in a diverse workforce:** ***a case study of a large private sector retail organisation***

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# Abstract

State pension age is due to rise to 68 years in the UK for both men and women by 2046 and the statutory retirement age has been removed. Organisations need to better adapt to the needs of their older employees. Research suggests that a growing number of people want to remain employed past traditional retirement age if the correct conditions are in place such as flexible working arrangements or measures to improve employees' enjoyment of their work. Health is a key predictor of retirement. Good health acts as an enabler to extending working life. This research aims to explore the factors that enable or inhibit people to work for longer, post traditional retirement age, in a large UK based private sector retail organisation.

There are two phases to the study: Phase One is the descriptive and inferential secondary data analysis of existing human resource data in relation to the health and well-being of the work force. This is based on a cohort of the employee work force in the retail sector taken over a three-year period from 2011-2013 (2013 data N=76,379) with a focus on workers aged ≥ 50 (n=19,244). The second phase is a qualitative study using semi-structured interviews with a purposive sample of 30 participants: 15 employees aged ≥ 60 and 15 supervisors supporting these employees. The aim of phase two is to explore employee experiences of nearing or working beyond state pensionable age, as well as the factors enabling and inhibiting people to work for longer. Phase Two also explores the organisational and store level factors that enable and inhibit people to work for longer.

Findings from Phase One show that 76% of workers aged ≥ 50 in the study population (n=14,596) are female. Specific needs associated with female older workers are reflected in the rates of mental ill-health, whereby the largest increases in proportion of 'mental ill health' cases across three years were found in the older female worker group. Older workers represent 25% of employees, but account for 39% of all long-term sickness. Although men had fewer instances of time off for mental ill health issues, for long-term absence males had significantly higher recovery time (M=63days, SD=54 days) than females (M=57 days, SD=47 days).

Female older employees and those in the north of England had a significantly higher probability of retirement during 2-years follow-up. Older workers showed gendered workplace sickness absence trends and ill health was been found to be a key predictor of retirement.

In Phase Two the majority of older workers and supervisors reported that facilitators to extending their working lives were: the values of the organisation in respect of its ethos and long history within the community; good health; the social aspects of work, which were considered to be beneficial for health; good support from supervisors; good team dynamics; positive self-perceptions of ageing; and a choice in shift patterns with a preference for morning shifts.

Perceived barriers to extended working life included poor health, negative impacts of work on health, for example due to issues such as prolonged standing, and a lack of respect and support from management and colleagues, specifically in respect of:

- Intergenerational (across the generations from young to old) barriers.
- The majority of older females interviewed experienced a lack of choice to EWL e.g. caring responsibilities acted as a barrier to EWL.

To address these barriers, it is suggested that flexible working practices and choice of shift patterns should be considered as well as practices harnessing the social and community

aspects of work. Further, it is recommended that an organisational approach to championing age and EWL as part of an overall life-course approach to diversity management should be implemented

# CHAPTER 1 INTRODUCTION TO THE STUDY

## 1.1 Introduction and Rationale

People are healthier and live longer today than in previous years, whilst at the same time they have fewer children than they used to, leading to an increase in the 'old age dependency ratio' (United Nations [UN], 2015). This means a smaller proportion of working age people supporting a growing proportion of older citizens (Marmot, 2010). Data from the 28 European Union (EU) member states suggest that life expectancy at age 65 has increased from 17.8 in 2002 to 19.8 years in 2013 and is projected to continue to rise (Eurostat, 2015) with the latest figures standing at 21.6 for women and 18.2 for men across Europe (Organisation for Economic Cooperation and Development [OECD], 2016). As a result, most EU Member States are reforming their pension systems in order to improve the long-term sustainability of their public finances, together with adequate pensions (European Commission, 2012; Department for Work and Pensions [DWP], 2014a). Generally, across Europe, these reforms have involved increasing the length of time that people spend at work before they can retire and draw their pensions (European Commission, 2012). For example, in the UK, the age at which first pension can be drawn for both men and women are increasing from 65 to 67 between 2011 and 2018, and to 68 between 2044 and 2046 (DWP, 2014a). Although a recent government review into state pension ages in the UK has suggested this should increase to 69 years and the timetable could be brought forward to between 2037 to 2039 (Cridland, 2017; Dyson, 2017). At the same time, the mandatory default retirement age (DRA) for the UK has been phased out from April 2011, which means most people can choose to work for longer (Weyman, O'Hara, Jones, & Buckingham, 2012). This research aims to explore extended working lives in response to these changes. This introduction will outline the rationale for the study,

the organisational context of the study, the aims and objectives of the research, and finally, it offers a brief introduction to the rationale behind the choice of methods.

The Co-op identified a need to focus on the ageing workforce due to rising sickness levels in the older worker cohort and for this reason wanted to explore where and how best to implement EWL strategy. In order for the extending working lives strategy to be effective, it is important that people remain healthy enough to continue to work in older age. Given that the percentage of the population aged 65 plus is increasing, currently less than half of those working towards this age group, aged 55-64 years old, in the EU are working and more than half of these leave work before the default retirement age (DRA) (Belin et al., 2016; Ilmarinen, 2012). However, in terms of people working longer, it is established that in excess of three-quarters of the population do not have disability-free life expectancy (DFLE) as long as 68 (Marmot, 2010) and inequalities in disability free life expectancy by educational level exist across Europe (OECD, 2016). The ONS statistical release of DFLE across England (ONS, 2014a) reveals stark inequalities: males and females residing in the South East, South West and East of England could expect to spend around up to four more years' disability-free compared with those living in other regions, with the North of England suffering the lowest DFLE. Further, there was a wider inequality in DFLE for females (19.4 years) than males (16.8 years) with the North East and North West of England having the lowest DFLE at birth for females.

Marmot (2010) identified that 'good quality' work is vital for reducing health inequalities and is a matter of social justice. In this respect, the concept of the workplace as a 'setting for health' was first noted in the Ottawa Charter for Health Promotion (World Health Organisation (WHO), 1986), which asserted that the way society organises work should create a healthy society (Abrams, Eilola & Swift, 2009). Therefore, the role of the workplace as a setting for health is pivotal to the present research, which is set within a

large private sector UK based retail workforce. In 2015, the retail sector employed 2.8 million people in the UK (Retail Economics, 2017) and specifically, the private sector food retail industry is pivotal to the UK economy in that. Looking at 2015 data, for every pound spent in the retail industry, forty pence was spent in food stores (ONS, 2017).

The operationalisation of age is of paramount importance for this research. Ageing can be conceptualised in many different ways and is a multi-dimensional process that changes in functioning over time (Birren, 2006; Kanfer & Ackerman, 2004; Kooij, de Lange & Dikkers, 2008; Miklos & Sterns, 1995). The term 'older worker' has been used in reference to those workers aged 40 to 75 years old depending on the context (Bourne, 1982; Warr, 2000; Kooij, et al., 2008). However, in research focussing on labour force participation 'older worker' usually refers to those aged 50 or 55 years old and above (Kooij, et al., 2008). The EU has used the age categories 15-24; 25-49; 50-64; 65-79, and 80 plus to describe population age groups (Zaidi, 2008). More recently, the EU has also used the age group 55-74 years old to describe older workers, however has continued to use the age group 50-64 in relation to workers who tend to stay longer in the labour market because of pension reforms (European Commission, 2012). However, the broad spectrum of ages has limitations in that they cover a very broad array of need. For example, the rate of social exclusion changes significantly between age groups and there is an association with increasing age and risk of isolation, particularly in the over 65s (Bolton, 2012; Cable, Bartley, Chandola, & Sacker, 2012; Davidson & Rossall, 2014). Therefore, there is a need to include workers over 65 years old in the analysis when considering older workers.

Looking at the predictors of employees' early retirement intentions, an 11-year longitudinal study in Finland (von Bonsdorff, Vanhala, Seitsamo, Janhonen, & Husman, 2010) explored and concluded that adverse health and work-related factors across the life-course predicted early retirement intentions. This notion is supported by an array of

evidence (see for example: Ilmarinen, 2012; Marmot, 2010; Wallin, 2016; Wallin & Hussi, 2011; Weyman et al., 2012) and highlights the importance of a life-course approach (Elder, Johnson & Crosnoe, 2003; Marmot, 2010), which takes account of a variety of home, work and health-related issues over time on the decision to retire rather than purely at the point of retirement (Beehr, 1986). The present study uses the life-course approach to explore the predictors of health and retirement across an individual's working life. For the purpose of this study, those aged 50 and over are considered to constitute an 'ageing' workforce, based on the EU's use of this category and the need the explore predictors of health and retirement across the life-course, within the changing climate of pension reforms. Phase Two of the study will focus on those aged 60 and over because of the closer proximity of traditional retirement age, which makes the choices and experiences relating to extending working life (EWL) more pertinent to this age group.

There is a current public health need associated with understanding the impact of EWL on health in an ageing workforce. Whilst the nature of work has become less physically demanding (Arpaia, Dybczak, & Pierini, 2009), due to health problems around 30% of men and women aged 50–64 years are estimated to need urgent adjustments at work in order to prevent the risks of early retirement and work disability (Boot, de Kruif, Shaw, va der Beek, Deeg, & Abma 2016; Ilmarinen, 2012). The two major health problems in relation to older workers are musculoskeletal disorders (Antonopoulou, Antonakis, Hadjipavlou, & Lionis, 2007; Buckle, 2015; Ghasemkhani, Aten & Azam, 2006; Health and Safety Executive (HSE), 2010; 2016; Marvel & Cox, 2016; Silverstein, 2008) and mental health issues, including depression (HSE, 2015; Ilmarinen, 2012; Taimela et al., 2007). The decline of physical work capacity relates mainly to cardiorespiratory capacity and muscular strength, therefore strenuous, high strain jobs are impacted with age (Ilmarinen, 2012; Buckle, 2015).

Despite evidence of short-term health gains upon retirement, the picture is not entirely clear in respect of the long-term impact on health. For example, research has shown long-term retirement to be detrimental to health (Behncke, 2012; Kuhn, Wuellrich & Zweimuller, 2010; Sahlgren, 2013), increasing the likelihood of having at least one diagnosed physical illness by around 60% (Sahlgren, 2013). Whereas more recently, a large scale longitudinal study has reported that after controlling for baseline and lifestyle characteristics, working past SPA was not beneficial for health (Di Gessa et al., 2016). Interpreting the evidence is difficult however, as most studies lack detail of the interacting effects of sub populations, such as by type of employment (for example, manual labour compared to office based work), on health (van der Heide, Proper, Van Rijn, Robroek, & Burdorf, 2013). Another problem with the quantitative approach is that it fails to take subjectivity within the retirement decision into account in terms of social factors and material constraints impacting on an individual's ability to work for longer. The current study uses qualitative methodology, as well as quantitative methodology, with the aim of gaining an in depth understanding of barriers and facilitators of EWL.

The relationship between retirement and health is difficult to measure using purely statistics. Qualitative researchers have argued that subjective research is needed to analyse the complexities of older workers' retirement choices regarding health and wellbeing (Brown & Vickerstaff, 2011; Mein, Martikainen, Stansfeld, Brunner, Fuhrer, & Marmot, 2000; Porcellato, Carmichael, Hulme, Ingham, & Prashar, 2010). However, in general much of the research exploring the factors that encourage or discourage retirement is based within the quantitative paradigm (Behncke, 2012; Chiu, Chan, Snape & Redman, 2001; Di Gessa et al., 2016; Kuhn, Wuellrich & Zweimuller, 2010; McGregor & Gray, 2002; Sahlgren, 2013). Although there is some research based within the qualitative paradigm (Barnes, Parry, & Lakey, 2002; Collins, 2006; Irving, Steels & Hall, 2005; Loretto &

White, 2006; Loretto & Vickerstaff, 2011; Porcellato et al, 2010). For instance, Collins (2006) explored older workers' reasons behind not working or for leaving employment, Maltby (2007) has focussed on older workers' barriers to training and Walker, Grant, Meadows and Cook (2007) have focused on the role of gender. However, notwithstanding this, the knowledge base relating to older employees' perceptions of EWL is limited (Carmichael, Hulme & Porcellato, 2013; Loretto & White, 2006; Lundberg & Marshall, 2007; Maltby, 2007; McNair, 2006; Weyman et al., 2012).

In sum, previous studies of retirement and EWL have lacked detail in respect of sub groups, coupled with a lack of qualitative studies exploring the experiences and perceptions of older workers. The current study aims to address this by considering job type and gender, among other variables, using secondary data analysis to quantitatively explore retirement trends in relation to sickness absence, coupled with qualitative analysis in respect of the retirement decision making process.

Considering EWL, two UK surveys found that over half of workers were planning on working past state pension age (SPA) and one in five people who reached state pension age went back to work (Chartered Institute for Personnel Development [CIPD], 2010; Cheong, 2015; Prudencial, 2015). However, not everyone views this in a positive light, because of the 'the unavoidable obligation' of being expected to work past SPA (Vickerstaff, 2010), for instance, those in low paid and/or physically demanding jobs. Barriers associated with EWL have been reported as "health, inappropriate skills, ageism and lack of choice due to institutional factors" (Porcellato et al, 2010, p.87). In addition, Irving, Steels and Hall (2005) identified major barriers associated with EWL that included health conditions, disability, caring responsibilities, redundancy, workplace factors and financial security. However, potential gendered-based or social differences are not

considered in these studies. Further consideration of the factors associated with EWL will be discussed in Chapter 2.

Exploratory studies have highlighted the complex nature of the impact of health, and other factors affecting EWL, which requires further understanding (Brown & Vickerstaff, 2011; Irving, Steels & Hall, 2005; Porcellato et al., 2010). Moreover, the importance of understanding the 'context' has been highlighted by, for example, the Medical Research Council (2000;2006), and listening to employees' perspectives on context has been shown to be important in order to guide health promotion strategies effectively (Buckle, 2015; Craig et al., 2008; Pescud et al., 2015). In response to calls to understand these complexities, the organisation under study is a large cooperative retail organisation and this research is being undertaken post-removal of the statutory retirement age. At the same time retirement ages are rising, which allows for a unique opportunity to understand retirement choices and extended working lives in this context. This research builds upon previous studies exploring ageing, health and retirement using a mixed method case study design.

There are a number of gender based differences in respect of retirement. For example, Lain and Vickerstaff (2014) assert that a somewhat neglected area when looking at retirement, is that "employment past typical retirement age is influenced by gender, the household and family" (p.245). A focus on gender in EWL research is particularly important because the EU requires an increase in participation rates of women aged fifty years old and over in order to lift the senior employment rates overall (Kadefors, 2013; Vandenberghe, 2013). Specifically, around EWL, a focus on interventions to improve women's employment participation rates has been highlighted by the OECD as key to addressing the issue of an ageing population and the subsequent need to extend working life. The OECD asserts:

> In view of the impending rise of the SPA for women from 60 to 65, support programmes should be developed to help women remain in employment rather than using other pathways such as Incapacity Benefits to exit the labour market early. In this respect, early intervention and prevention should be the key approaches used. This will require helping younger women as well, i.e. the age group 50-60. Otherwise it might be too late for intervention.
> (OECD, 2004, p.14)

UK researchers have highlighted a need to understand females' experiences of part-time and flexible work in future research (Loretto & Vickerstaff, 2015; Loretto, Vickerstaff & White, 2005) and in order to improve participation rates overall there needs to be more focus on older women's experiences of the workplace. For example, a recent UK ageing societies taskforce report highlighted that workplaces needed to do more support and awareness around the menopause, in order to actively address and facilitate a better environment at work for older women (Altman, 2015). The unique context of this study situates it in a key place to contribute to the existing knowledge base and the call for a focus on gender within the EWL research literature.

This study also explores the views and experiences of managers or supervisors in the workplace, because age-related beliefs of supervisors have not been investigated widely (Van Vianen, Dalhoeven & Pater, 2011) and ageism and workplace factors are key barriers to EWL (Irving, Steels & Hall, 2005; Porcellato et al., 2010). Specifically, as a workplace factor, managers have been shown to have a dissonance in their belief of older workers. For example, managers are suggested to respond to employees, e.g. in work assessments, through shared beliefs about age, which have evolved from age distribution rather than actual ages (Lawrence, 1988; Lawrence & Tolbert, 2007). These shared beliefs have been shown to derive from misconceptions around older workers' capabilities (Age UK, 2014), which in turn can cause ageism, resulting in managers who are less likely to offer training and development to older workers (Martin, Dymock, Billett, & Johnson,

2014). Moreover, supervisor, or manager support, as assessed by older employees, has been shown to affect older workers' own training and development willingness (Maurer, Weiss & Barbeite, 2003). Regarding age related stereotypes; research has found that those relating to the productivity and motivational levels of older workers are unwarranted (Ng & Feldman, 2012; Schalk & Van Veldhoven et al., 2010). This indicates a need for research exploring the views of older workers and their supervisors because there may be a possible dissonance in the views of colleagues around older workers and the abilities of older workers in reality. A more comprehensive review of the factors associated with supervisors and managers in relation to EWL can be found in the literature review in sections 2.4 *Barriers to Extending Working Life* and in Chapter 2.

### *1.1.1 Summary of Rationale*

There is a public health case for responding to the needs of an ageing workforce and the factors that can enable or inhibit people to remain in work for longer. An appraisal of these factors will be presented in the literature review of this thesis. One such example of a workplace issue affecting older workers is negative attitudes to older workers as highlighted. In fact, research suggests imbalances in societal perceptions around negative stereotypes of older workers and self-perceptions of becoming old (Buyens, Van Dijk, Dewilde, & De Vod, 2009; Feldman & Beehr, 2011). Business implications for addressing any such dissonance or imbalance ultimately means that interventions for practice are necessary, which it is anticipated will be an outcome of this research. A further example of the case for the current research is the lack of attention to gender based issues within the ageing workforce retirement research (see for example, Frieze, Olson, & Murrell, 2011; Payne & Doyal, 2010; Vandenberghe, 2013), as well as a need to explore the perspectives of supervisors (Van Vianen, Dalhoeven & Pater, 2011) and for a focus on extending working life research in general (see for example, Cory, 2012). This case study presents a

unique opportunity for contributing to the knowledge base in respect of barriers and facilitators to EWL, as well as policy and practice. The next section will consider the context of the study and uniqueness of the case study in terms of its organisational values and social value.

## 1.2 Context of the Case Study Organisation and Definitions

This section will set out the context of the business, which is the subject of this case-study, and explore the business model and approach, as well as the relevant theory surrounding the model.

The focus of this study is the Co-op food business (from now on referred to as 'the Co-op' or 'Co-op'), which is a large private sector organisation and in 2013 comprised 76,379 employees of whom there 59% were females and 41% males. The organisation had a population of 19,244 older workers (aged 50 years old and over) in 2013 (a more in depth analysis of the organisational constitution is in the Phase One results section 4.2). The majority of the older workforce was employed on a part-time (70%, n=13,518) basis. This aligns with national trends whereby older workers are more likely to be in part-time roles, especially over the age of 65 (DWP, 2013). The majority of older workers within the Co-op are 'operatives' (72%), also known as 'Customer Team Members' whose key responsibilities are:

> To provide a friendly, knowledgeable and efficient service to customers and colleagues as well as being positive, flexible and dedicated to working as part of a team, to deliver exceptional customer care to the highest possible standards. Responsibilities include checkout operations, stock control, replenishment, bake-off, news and magazines, cash handling and acting as an ambassador for the Co-operative values and membership.
> (Co-op, 2015, webpage).

This is a familiar picture when compared to the UK context; where there were 892,000 retail workers aged 50-64 (one of the largest represented industries in this age group) and

82,000 aged 65-69 (the industry with the highest employment participation in this age group) of whom the majority were service workers (Weyman et al., 2012). In 2009 Khan reported that older workers were underrepresented in the sales and customer service sector specifically in retail role, however, a more recent review indicates that numbers are increasing (Weyman et al., 2012) with the latest figures suggesting that 23% of all retail workers were aged 50-64 years old while 50-64 year olds make up the largest proportions in education (31%) and transport (31%) (DWP, 2015a). However, due to the removal of the statutory retirement age and the increase in age for receipt of state pension, this is anticipated to change across all sectors with a greater dependency on income from work in older age having possible implications for the business context (Griffiths, Knight & Nor Mohd Mahudin, 2009; Yeomans, 2011; Khan, 2009).

In 2013, the population of the food retail workforce aged 50 and over in this case study was composed of significantly more females 76% (n=14,596) compared to men 24% (n=4,648). This runs against national trends whereby UK national workforce comprises 75% of women compared to 83% of men (ONS, 2014b). However, the majority of female workers aged 50 and over in the organisation were part-time (81%), which runs concurrent with national trends (DWP, 2013). This presents an opportunity to understand the factors that enable or inhibit women to participate in the labour market, particularly as an older worker in a largely female environment. Within the business, female workers tend to be cashiers or 'operative workers' and clerical workers, which mirrors the trend for female workers tending to be crowded into the '5 Cs': catering, cleaning, caring, clerical and cashiering (Close the Gap, 2010; Equal Opportunities Commission [EOC], 2007).

In sum, the organisational context provides a rich environment in which to study older service workers, particularly females, in the retail industry. This case-study responds to the need evidenced in the EU to increase overall senior employment participation rates.

### *1.2.1 Co-operation and Co-operatives: A Definition*

The term 'co-operation' and its nature within the 'co-operative' retail business in this study will now be explored. The term 'co-operative' in an organisational sense has been linked with ideas around co-operation. Co-operation has been described as beneficial because peoples' beliefs around collective goal formation affect their interactions and associated power dynamics (Deutsch, 1973). Co-operation is defined in the Oxford Dictionary (2014) as 'the action or process of working together to the same end', and the most recent definition of a co-operative, cited from the Co-op (2014) website is, "a group of people acting together to meet the common needs and aspirations of its members, sharing ownership and making decisions democratically'. Co-operation has been described as being 'as old as the human species" (Birchall, 1994 p.xi.) in that it is essential for human growth and society. Social capital, social value and community psychology have been linked to 'co-operation' (Kagan, Burton, Duckett, Lawthom, & Siddiquee, 2011) and this will be discussed further in the section Co-operation and Co-operatives: A Definition 1.2.1.

A number of authors (Martin & Thompson, 2010; Price, 2009; Spear, 2004) list 'cooperatives' among other organisational structures described as a social enterprise, (see for example, Price, 2009 cited in Chandler, 2016 p.25):

- Social firms
- Development trusts
- Community enterprises/businesses
- Co-operatives
- Credit unions
- Mutuals
- Social businesses
- Social and worker co-operatives

A 'social enterprise' can be defined as having the following features i) they are socially driven organisations, and (ii) their primary activity involves trading goods and services

(Martin & Thompson, 2010; Price, 2009; Peattie & Morley, 2008; Ridley-Duff & Bull, 2011; Spear, 2004 cited in Chandler, 2016 p.100).

Capitalism and co-operative movements have long clashed in their history of striving for workers' rights with the competing forces of profit and loss creating a dissonance with the principles of co-operation (Birchall, 1994; Williams, 2007). On the one hand, 'co-operation theory' (Deutsh, 1973) suggests that in competitive environments, with lower shared goal or goal interdependency, members within the organisation pursue individualistic goals: win-lose reward seeking (Johnson & Johnson, 2003). On the other hand, co-operative goals have high interdependence amongst members, such as more trusting attitudes, better expectations of assistance, and more support (Tjosvold, Hui &Law, 1998). According to Coleman and Voronov (2003), in co-operative environments group members want to perform effectively by using joint resources to work towards common goals, whereas with competitive environments leaders tend towards coercion to influence group members (Tjosvold et al., 1998; Northouse, 2012: Price & Van Vugt, 2014).

The principle difference between a co-operative and the "hyper competitive, profit-maximising free-enterprise system" (Mazzarol, 2009, p.15) is, as Bacciega and de Fraja (2004) point out, that the co-operative equals 'one member one vote' whereas the investor owned enterprise equals 'one share one vote'. However, it has been argued that co-operative values within society have been lost in favour of capitalist individualistic goal seeking (Putman, 2001; Williams, 2007) and that public health interventions need to focus on facilitating social capital (Koutsogeorgou et al., 2014). In sum, the co-operative movement is at odds with the free market view of society because the interests of the individual must be combined with those of the broader community (Drury, 1937 cited in Mazzarol, 2009). However, there is also a distinction between the more radical Marxist

ideal to “overthrow the liberal free-market economic system and redistribute wealth through the confiscation of individual property through forced collectivism” (Mazzarol, 2009, p.22) in that co-operatives hold individualism as a key value, and in that sense, lie within the free market economy (Mazzarol, 2009). In order to explore the association between co-operation in context in terms of societal influences and psychosocial factors, a brief reflection of the application of social and community psychology to co-operation will be considered in the literature review in section 2.5.4.1.

### *1.2.2 Co-op Group: A Summary of the Current Context*

The Co-op has recently rebranded (Co-operative News, 2016) after having been through considerable changes, mergers (Co-op, 2014) and controversies, including the near collapse and recapitilisation of The Co-operative Bank (Co-op, 2014). In the latter half of 2014, the Co-op Group sold its Farming, Pharmacy and Sunwin Services’ businesses to ‘reduce debt, invest for the future and focus on its new purpose and strategy’ (Co-op, 2014, webpage). This has involved a complete overhaul and reshaping of how it does business (Co-op, 2014). In May 2014, the Co-op Group announced ‘it was going back to its original co-operative roots with the introduction of its new purpose ‘championing a better way of doing business for you and your communities’ (Co-op, 2014, webpage). Following this, members of the Co-op Group voted ‘overwhelmingly in favour of a resolution on the adoption of a new Rulebook to radically reform the Group’s governance structure’ (Co-op, 30th August 2014, webpage).

In 2014, YouGov published the results of a survey about the Co-op Group across the general public, highlighting the drive within the group to listen to the needs of local people. The survey was considered one of the largest of its type conducted (N=180,003). The survey consisted of the following samples:

- the general public through YouGov nationally representative poll consisting of UK adults aged 16 and over (N=35,170)
- a poll of customers (UK adults aged 16+) within The Coop ‘Have Your Say’ (HYS) participants total (N =144,833)
- a more democratically active subset of HYS participants UK adults aged 16+ (N=13,185)

When asked if they agreed with the statement, ‘the Co-op membership card holders have more of a say in how the business is run than the average loyalty card holder’, 55% of Have Your Say (HYS) participants agreed. However, only 27% of the general public agreed, which, as the report stated, suggests there were “difficulties in communicating the Co-op difference to a wider audience, about how membership stands out from your typical loyalty/reward scheme” (YouGov, 2014, p.3).

On a more positive note, in terms of a local vision and focus, the report stated that respondents wanted to see big businesses play an active role within their local community. Nearly two-thirds (65 per cent) of the HYS total said that they wanted to see big business ‘try to make a difference to people in the local area, rather than just trying to make a profit’. This was echoed among both the more democratically active (70 per cent) and the general public (52 per cent). The report also stated there was strong support among all groups for big businesses to be more democratically active =65 per cent; general public =45 per cent. In addition, the report stated that both of these community-based ideas held a stronger appeal for the older generation, as 46 per cent of under 45s from the general public believed big businesses should do more to make a difference in the local area rather than just make profits, increasing to 57 per cent in the over 45s. Finally, the report revealed that 40 per cent of under 45s from the general public indicated that big businesses should support more locally run initiatives, compared to 49 per cent of over 45s (YouGov, 2014). In May 2016, it was announced that:

> The rebrand marks the announcement of changes that put membership at the heart of the organisation. From September, Co-op members will receive a 5% reward for any purchases they make of Co-op own brand products and services, which will be paid into a membership account. Members can then spend what they save in any Co-op business whenever they want.
> (The Co-operative News, 2016, webpage)

More recent driving strategy from November 2016 within the group for local impact is 'True North Compass' (Co-op, 2016a) (shown in Figure 1 below), which states that the following needs to happen in order to refocus impact:

> Colleagues understand what the business is trying to achieve and know what they need to do to contribute; and they have the right tools and resources to do their jobs well and be the best that they can be – colleagues feel proud to work for The Co-operative Food.
> (Co-op, 2016, webpage).

Figure 1-1 Box to show the True North Compass' (Co-op, 2016)

**Win for Customers**

This area of the Compass specifically measures the following areas:

•Customers choose us – our customers actively turn left into one of our stores rather than turning right into a competitor

•Store met my needs - we always meet our customers' needs whether that happens to be a tin of baked beans, lunch on the go or dinner for tonight

•Good food fair price – we offer good food at fair prices

•Eagerly efficient service - our colleagues always offer an efficient and helpful service to our customers

•Easy to shop with – customers say it's easy for them to find what they want in our stores

**Advantaged Operations**

This area of the Compass specifically measures the following areas:

•Right people, right place, right time – we have put the right people into the right jobs with the right tools to help them to do the best job they can for our customers

•Consistent good standards - we offer a great shopping experience consistently to our customers everyday so they know what to expect from us, whichever Co-operative Food they choose to shop in

•Simpler for stores - we have made things simpler for our stores by removing the tasks and clutter that get in the way of serving our customers

•Streamlined end-to-end - we have restructured and controlled our costs, throughout the whole of our business, so that we can offer good food at fair prices without having to charge a premium

**Win through Colleagues**

This area of the Compass specifically measures the following areas:

•Great place to work and shop - colleagues understand what the business is trying to achieve and know what they need to do to contribute; and they have the right tools and resources to do their jobs well and be the best that they can be – colleagues feel proud to work for The Co-operative Food

•Focus on talent – we create the right environment that allows colleagues to continually improve, and the business rewards their efforts

•Perform and improve – colleagues have clear objectives, linked to the business' strategy, and look for opportunities to continually improve

•Live our values – colleagues live our values by taking individual responsibility and are team players, supporting each other

**Deliver Financial Results**

We maximise our profit and use our capital well so we can invest in our True North strategy and deliver value to The Co-operative Group.

This area of the Compass specifically measures the following areas:

•Drive growth - we are achieving our like-for-like, year-on-year turnover budget

•Performing stores – we are achieving our sales per square foot targets in stores

•Maximise profit – we are achieving our trading profit budget

•Deliver value to the Group – we are achieving our cash flow and return on capital employed budget

Most recently in December 2016, the organisation has published findings of commissioned research in partnership with The British Red Cross (Co-op, 2016b). As a result of this work they will now be carrying out work with employees who are retiring because they are identified as at risk of social isolation:

> This will include signposting to relevant BRC [British Red Cross] services and other opportunities for colleagues experiencing loneliness. In addition, we will also target pre-retirement communications to include planning for the impact of retirement on social connections.
>
> (Co-op, 2017 p.7).

In sum, Co-op is now focussed on getting back to community roots on a national, regional and local store level basis. Having considered the context of the study, the research framework will now be defined.

## 1.2 Introduction to the Study Research Framework

This section will identify the underpinning research framework of the study, together with outlining its specific aims and objectives, and providing an overview of the methods used. This case study is divided into two phases: Phase One is a quantitative study to explore the factors that contribute to sickness absence and retirement or EWL, and Phase Two comprises two qualitative studies with workers aged 60 and over and their supervisors, to explore the emergent findings from Phase One in more depth, and inform recommendations for policy and practice aimed at EWL.

### *1.2.1 Aims and Objectives of the Research*

**Aim 1:** To identify key factors associated with working for longer, with a focus on health-related:

- **Objective 1:** to conduct an organisational secondary data analysis based on Human Resources (HR) data, including sickness absence, (based on three years' data; 2011-2013) regarding the health and ill-health of older staff., gender and other demographic and business factors (for example, job type and earnings) (study 1)
- **Objective 2**: to carry out a longitudinal analysis on a cohort of older workers from 2011-2013 of the relationships between employee health, gender and other demographic and business factors (for example, job type and earnings) and how these relate to extending working lives (study 2)
- **Objective 3:** to carry out an analysis of a number of factors, including sickness absence, gender and other business indicators contributing to retirement (study 2)

**Aim 2:** To understand perceptions of key factors that facilitate/inhibit people to remain in work for longer at the Co-op:

- **Objective 4:** to explore the perceptions of extending working life with employees aged 60 and over who are approaching/have reached or exceeded statutory pension age
- **Objective 5:** to explore the voice of the older worker in relation to perceptions of extending working life
- **Objective 6:** to explore the perceptions of working within a co-operative and the extent to which this makes a difference in extending work life
- **Objective 7:** to explore with supervisors the value of older workers and how the organisation supports the requirements of the ageing workforce within the Co-op

**Aim 3:** To develop recommendations to inform policy and practice in respect of ways of facilitating people to remain in work for longer:

- **Objective 8:** to synthesise the findings from phases one and two of the research to inform recommendations for policy and practice, highlighting potential areas of the business that might benefit most from investment in workplace health programmes

### *1.2.2 Research Questions*

- What are the patterns of ill health among older workers?
- Does length of time at work (EWL) or time to retirement relate to job role, gender, pay, sickness type, region or full-time or part-time status?
- What are the key social factors that facilitate/inhibit extended working lives?
- What are the key workplace factors that facilitate/inhibit extended working lives?
- What are the key financial factors that facilitate/inhibit extended working lives?

### *1.2.3 Introduction to the Methods*

The study uses a mixed methods design, comprising a three-year cohort (from 2011) of secondary quantitative HR data (Phase One), and a qualitative component (Phase Two) of purposively sampled employees age 60 and over, and their supporting managers, from the retail section of Co-op. Together, these methods explore the questions: which employees extend, or do not extend their working lives, and why do people feel enabled or inhibited to extend their working life?

Phase One of the case study looks at defining the population and context of older workers in respect of the ‘what’ problems and trends that exist. Phase Two explores perceptions of key factors that facilitate/inhibit people to remain in work for longer by investigating the ‘how’ and ‘why’ (Yin, 1994) factors and the extent that The Co-op ethos is perceived to affect these factors. The epistemological view of the study lies within the pragmatic paradigm, in that it is concerned with the ‘how’ and ‘what’ of the issue under study (Creswell, 2003, p.11).

Having considered the context of the study and defining the research framework, the theoretical framework of the study will be briefly summarised. The focus of this case study is three-fold. Firstly, to explore the factors that enable or inhibit people to stay healthier at work for longer, because as identified in the literature, the UK workforce is ageing and there is a public health imperative to explore the workplace factors that facilitate EWL. Secondly, the study explores the voices of older workers and their perceptions of extending working life at the Co-op, because the subjective component of the research is key to understanding the issues in the workplace context. Finally, the study explores, with supervisors, the value of older workers and how the Co-op supports the requirements of the ageing workforce, because key barriers to EWL are workplace factors, including lack of supervisor support, beliefs about older workers and ageism.

The next chapter is the literature review, which is followed, by Chapter 3, the overall case study methodology, which is a critical discussion of the overall methodology and is followed by Chapter 4 containing a critical discussion of the methods used in Phase One (study 1 and 2), as well as the results of Phase One and a discussion of the findings and limitations. Chapter 5 contains a critical discussion of the methods used in Phase Two (study 3 and 4) interviews with older workers and supervisors, which is the qualitative

component of the research. Chapter 5 then outlines the findings of Phase Two (study 3 and 4) and Chapter 6 contains a discussion of the findings and limitations of the studies. Chapter 7 is an overall discussion of the findings and the research implications, and a set of evidence based recommendations and conclusions are outlined in Chapter 8.

# CHAPTER 2 LITERATURE REVIEW

## 2.1 Introduction to the Literature Review

### *2.1.1 Overview of the structure and key themes to be discussed within the review*

This chapter will begin with an overview of the structure of the literature review and key themes to be discussed. This will be followed by a summary of the search strategy used to identify the relevant literature. The main aims of the literature review are to critically discuss: the ageing workforce as a public health issue; retirement theories and models; and they key factors that inhibit or enable people to work for longer, i.e. barriers and facilitators to extended working life (EWL).

The review begins by highlighting the ageing workforce as a public health issue, comprising an exploration of related definitions, concepts, and trends, including definitions of ageing, health and wellbeing, sickness absence patterns and retirement choices across this group. This is following by an exploration of the determinants of health and wellbeing in the workplace, pertinent to older workers, including social, economic, financial and workplace factors. The literature then focuses on healthy ageing, including functionality and age, productivity and age, and productivity and engagement and their relationship to EWL.

Given the context of the study, and in particular the gender balance of the Co-op, the review then goes on to consider gender, age and health, including specific gender-related determinants of health, wellbeing and retirement, e.g. caring responsibilities. This section ends by considering polices related to EWL in the workplace from a global, EU and UK perspective, with a focus on changes to the statutory retirement age and other government initiatives aimed at increasing levels of EWL.

Retirement will then be considered, looking at definitions, models, and theories of retirement and how these relate to the EWL literature. In this section, stages of retirement and the factors that influence these will be explored. This section is organised using the stage model of retirement decision making (Feldman & Beehr, 2011): imaging the future and the possibility of a future retirement; assessing the past and deciding the time to let go; and finally; transitioning into retirement and actioning plans to retire. These sub sections critically discuss how various psychological theories such as 'image theory' apply to the process of retirement and how people view themselves when they start to think about and subsequently then make the decision to retire.

Finally, in the last two sections of the literature review, the barriers and facilitators to EWL will be discussed. These sections are broken down by the health related, social, workplace, and financial factors that determine a worker's chances of EWL. These include: ill health as a barrier to EWL; social barriers, including the caring responsibilities that older workers often face; workplace barriers, including age related stereotypes and discrimination; and lack of financial security. Workplace factors facilitative of EWL highlighted in the literature are then discussed, and include: having flexibility and choice: working in a co-operative organisation; positive workplace norms around ageing and older workers; and levels of financial security/pension arrangements.

### *2.1.2 Overview of the search strategy used to review the literature*

The literature search comprised a general systematic search of the literature carried out at regular time points from 2013 to 2017, as outlined below.

The literature search strategy was devised using the following search terms: 'ageing', 'retirement' 'extended working life' and 'health' as well as a combination of words to reflect the search topics, e.g. the ageing workforce as a public health issue; gender, age and health: the public health case; ageing and functionality; the policy context

of retirement and extended working lives; ageing as a concept and retirement theory; barriers to extending working life; and finally, facilitators to extending working life. To reflect the multidisciplinary nature of the project, searches were carried out using a range of databases including: Medline, PsychInfo, and Psych Extra via Ovid and Age Line via EBSCO in 2015 and 2016. Each item was systematically assessed for suitability based, on the relevance to the research questions. A number of other sources were also identified in the bibliographies of the identified literature that were located outside the search strategy process.

Alongside this a European systematic mapping review of the literature was carried out in 2016, which was published in PubMed in 2017. The purpose of this review was to understand the factors that impact on extended working life across Europe. For this mapping review, the search strategy was constructed three central concepts: barriers and facilitators, work and older workers. The search terms were: age or ageing or aging, retire*, pension*, old*, barrier*, challenge* enhance*, facilitat* extended working life or lives, work* or job, occupation and employ*. The following electronic databases were searched in August 2016: Medline, PsychInfo, PsychExtra, MEDLINE(R) Epub Ahead of print via Ovid and Age Line via EBSCO. To support this, hand searching was also carried out in the International Journal of Aging and Human Development and the Journal of Ageing and Society. Further, the reference lists of included articles were scanned for any other articles that met the inclusion criteria. This systematic search yielded 15 included papers.

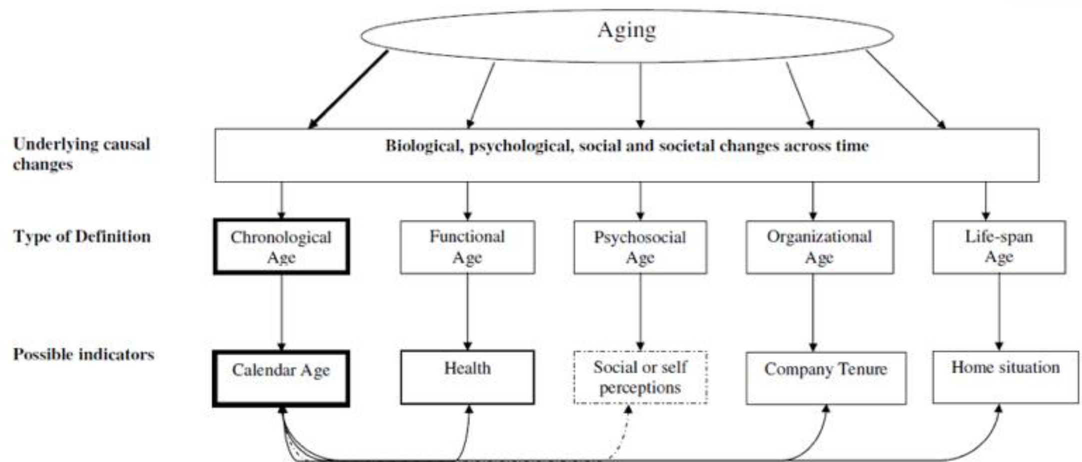
## 2.2 The Ageing Workforce as a Public Health issue: The Health and Wellbeing of Older Workers

### *2.2.1 Definitions of Ageing, Health and Wellbeing*

This section will explore the ageing workforce as a public health issue to establish the factors that enable or inhibit people to stay healthy in work for longer (measured by sickness absence in the current case study). This will begin by defining age and concepts related to healthy ageing and wellbeing. Then, the impacts of work on an individual's health and wellbeing will be considered. Trends and patterns in sickness absence in the older workforce and trends in other health indicators will then be outlined and an analysis of the evidence around the impacts of retirement on health will be presented. An evaluation will then be made of the impacts of deteriorating functionality and health and wellbeing on older workers' productivity. Next, an appraisal of the factors that enable people to 'age well' will be provided, considering both physiological health and mental wellbeing. Finally, the gendered dimension of the factors affecting the health and wellbeing of older workers will be considered.

Age is conceptualised in many different ways. It is a multi-dimensional process that changes in functioning over time (Birren, 2006; Kanfer & Ackerman, 2004; Miklos & Stern, 1995) and includes processes that are: biological, psychological and social (De Lange et al., 2006). There are a number of factors affecting a varied range of concepts of ageing, which consist of physiological, psychosocial and wider societal factors, these are illustrated in Figure 2-1 (below).

Figure 2-1 Diagram to show the possible definitions of the concept of Ageing (De Lange et al., 2006)




The above model in Figure 2 2 illustrates a range of definitions, possible indicators and causal mechanisms of ageing. Looking at these in turn, the primary definition of age is chronological age and an individual's actual calendar age is an indicator of this (De Lange et al., 2006; Schalk et al., 2010), which is connected to a range of other factors. Firstly, functional age is dictated by health (a possible indicator of functional age) in respect of physiological and psychological functioning (De Lange et al., 2006; Schalk et al., 2010). These are both mediated by societal factors such as national policy e.g. Statutory Pension Age (SPA) and biological factors such as long-term health conditions. Next, psychosocial age can be influenced by other's perceptions and self-perceptions (De Lange et al., 2006; Kaliterna et al., 2002; Schalk et al., 2010; Sterns & Doverspike, 1989; Sterns & Miklos, 1995) and organisational age relates to workplace milestones, such as length of service (De Lange et al., 2006; Schalk et al., 2010; Sterns & Doverspike, 1989; Sterns & Miklos, 1995). Finally, life-span age links to indicators such as key family or home circumstance milestones, e.g. parenthood or grandparenthood. Here the influence of family life and

economic factors on behavioural changes across the life cycle impact on the conceptualisation of age (De Lange et al., 2006; Sterns & Doverspike, 1989; Sterns & Miklos, 1995).

Research has shown that these different conceptualisations of age are often interrelated (Kooij et al., 2008). For example, Wahlin, MacDonald, de Frias, Nilsson, & Dixon (2006) found that subjective self-rated health and biological age predicted cognitive ability outside of the influence of chronological age. Conversely, Moor, Zimprich, Schmitt, and Kliegel (2006) found a negative association between self-perceptions of ageing and self-rated health. Further, different conceptualisations have been shown to have distinct impacts on work related attitudes to age (Kooij et al., 2008). For instance, Cleveland and Shore (1992) showed that chronological age, subjective age (including self-perceptions of ageing), social age (perceptions of others), and relative age (in comparison to those in the employee's work group), differentially predicted workers' involvement, job satisfaction, and organisational commitment. Whereas, Warr (1992) found that organisational age (job tenure) had a negative effect on employee wellbeing, and that lifespan age (specifically having children under age five [family status]), had a positive effect on employee well-being. Finally, it has been argued that the social and economic factors over the life-course, e.g. socioeconomic status, have a greater influence on the conceptualisation of age than the chronological or physiological markers of age (Pain, 1999 cited in Schalk et al., 2010). For example, a recent study found that childhood adversity has a direct impact on chances of EWL and long-term illness (Fahy et al., 2017).

In a review by Kooij et al., (2008), the above definitions and indicators of ageing have also been shown to be causal factors specifically related to a person's motivation to stay in work. For example, Kooij et al., (2008) illustrated that increasing functional

psychological age can affect motivation to continue work (see for example, Higgs et al., 2003). Here older workers seem to show a preference for tasks demanding general knowledge and verbal comprehension, as well as tasks supporting positive affect and the self-concept (thus avoiding new tasks and those associated with high demands). Kooij et al. (2008) also showed that psychosocial age can impact on motivation to continue to work through social norms (see for example, Panek, Staats & Hiles, 2006), which in turn can influence managers' perceptions of older workers. This means that older workers often face limited opportunities for promotion, training and development due these conceptualisations of psychosocial age. Kooij et al. (2008) also showed that, while organisational age had an ambiguous impact on motivation to stay in work due to impacts of careers reaching a 'plateaux', it has impacts on financial incentives, increased commitment and career resilience. Finally, lifespan age has been shown by Kooij et al.'s (2008) review to impact on motivation to stay in work through factors such as partner's intention to stay in work (see for example, Kidd & Green, 2006). Therefore, when considering age as a public health issue, there are a number of influencers impacting on ageing as a concept and motivation to EWL, which need to be taken into account.

#### 2.2.1.1 Definition of Health, Active Ageing and Healthy Ageing

The WHO (1948) defined health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity" (cited in Huber et al. 2011, p.1). However, this definition is not without criticism, particularly for its use of the term 'complete' (see for example, Larson, 1999; Jadad & O'Grady, 2008). This criticism is based on the idea that physiological difficulties can be present in people who are otherwise healthy and many people go on to live with chronic diseases for decades; thus, ageing with such diseases has become the norm (see for example, Huber et al., 2011; Larson, 1999;

Jadad & O'Grady, 2008). A subsequent reformulation of this definition was initiated with firstly, the WHO Ottawa Charter for Health Promotion (1986), which emphasises social and personal resources, as well as physical capacity. This definition acknowledges the holistic components to health, including physical, mental, social, emotional, and spiritual (Ewles & Simnett, 1999) as well as the social determinants of health (Black, 2008; Dahlgren & Whitehead, 1991; Marmot, 2010). More recently, health was described by a group of Dutch health experts (Health Council of the Netherlands, 2010) tasked with reconceptualising it in response to its limitations, as "the ability to adapt and self-manage" (Huber et al., 2011, p.2).

The WHO (2002b) published the report 'Active Ageing: A Policy Framework', which conceptualised active aging as the "process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (WHO, 2002, p.12). The report outlined six key components of active ageing:

- health and social service system
- behaviour factors
- personal factors
- physical environment
- social environment
- economic factors.

The report also describes seven key challenges for active ageing:

- double burden of disease
- increased risk of disability
- providing care for an ageing population
- the feminization of ageing
- ethics and inequities
- the economics of an ageing population
- the need for forging a new paradigm.

Therefore, worldwide policy exists to address healthy and active ageing across the globe, although there has been criticism over the definition.

Healthy ageing has been described as a multidimensional concept reflecting the ability to respond and adapt to challenges presented within the environment (Dubos, 1965 cited in Kuh, Richards, Cooper, Hardy, & Ben-Shlomo, 2014a). Similarly, the term 'successful ageing' was coined by Havinghurst (1961 cited in Franklin &Tate, 2009) in terms of gaining years to life and adding life satisfaction. It was later conceptualised by Rowe and Kahn (1997, 1998) (Kahn, 2003) in terms of 'successful agers' as having a:

- Low probability of disease and disease related disability
- High cognitive and physical functional capacity
- Active engagement with life

(Rowe & Kahn, 1997, 1998; Kahn, 2003 cited in Franklin &Tate, 2009, p.8).

However, there is a lack of an agreed conceptual framework of healthy ageing and no standard operational definition (Kuh et al., 2014a). In fact, a review of 'successful ageing' noted twenty-nine different definitions in 2005 (Depp & Jeste, 2006) and the term successful ageing itself has been criticised because it:

> …encourages unattainable ideals of success and inappropriate ideas of failure; takes little account of the variation in environmental challenges that individuals face; appears to promote the idea that older people should act like younger people for as long as possible; and questions whether functional decline is inevitable, placing prime responsibility to delay decline on the individual.
>
> (Kuh et al., 2014a, p.238).

These criticisms come from a paper describing the findings of the Healthy Ageing Across the Life Course (HALCyon) cross-cohort research programme, which was funded by the UK New Dynamics of Ageing cross council programme 2008-2013 (Kuh et al., 2014a).

In terms of the aetiology of healthy ageing there are a number of causal factors that need to be established when defining it. Firstly, researchers describe how general deterioration with age or 'biological ageing' is generally accepted as being attributed to

'disposable soma theory', meaning that this form of deterioration is caused by the accumulation of molecular and cellular damage originating from environmental insults and chance (Kirkwood & Austad, 2000 cited in Kuh et al., 2014a). However, a life-course approach offers an extension to these ideas by exploring the biological and behavioural mechanisms that link physiological and social exposures within gestation, childhood, adolescence through to adulthood and changes in health and disease risk in later years (Kuh, Karunananthan, Bergman, & Cooper, 2014b; WHO, 2010; Marmot, 2010). For example, exposures in the critical development window of early life (e.g. experiencing childhood adversity) may affect the body system in later life and epigenetic mechanisms also impact on these pathways (Kuh et al., 2014a; WHO, 2010), as well as chances of EWL (Fahy et al., 2017).

Healthy biological ageing is defined as the maintenance, post-maturity, of optimal functioning including both physical and cognitive, as well as delaying the onset and rate at which functional decline occurs (Kuh et al., 2014a). According to Kuh et al. (2014a) health capital or 'reserve' is built up across the life-course (while in the developing phase through childhood and adolescence) and reaches a peak at the point of maturity, so the subsequent progressive and generalised deterioration in function after maturity can be described as 'biological ageing' or 'senesence'. There is in fact a significant proportion of variation between individuals on the rate and age of onset of biological ageing or the start of functional decline (Kuh, et al., 2014b). Around 10% of people from high income countries do not survive to age 65 years old and in fact some evidence suggests that the overall prevalence of chronic diseases is rising, so many individuals do not therefore have chance to age healthily (Christensen, Doblhammer, Rau & Vaupel, 2009; Kuh, et al., 2014b).

Building on previous models (Kuh, Ben-Shlomo, Lynch et al., 2003), a more integrated proposal of a life-course approach to healthy ageing suggests that measures intersect with each other, and might be linked to physical, cognitive and emotional development in early life, as well as, life time lifestyle and environmental determinants (Kuh, et al., 2014b; Marmot, 2010; WHO, 2010). This integrated approach accounts for two distinct sources of resilience; (1) compensatory reserve of body systems; and (2) adaptations the individual makes to behaviour or environment. Therefore, although healthy ageing can be divided into biological ageing and psychological wellbeing, in fact they are intrinsically linked.

Finally, healthy ageing in terms of its aetiology and definition has direct roots, as well as impacts, in the workplace. According to Grossman (1972) health and healthy ageing is good for business, whereby he distinguishes between health as a 'consumption good' and health as a 'capital good' (Dormont, Martins, Pelgrin & Suhrcke, 2010). As a 'consumption good', health is integral to the utility function of the individual and as a 'capital good,' the number of days spent ill are reduced, which then increases the number of labour days available to the market. Longevity is also affected by the size and health of the economy, in respect of health expenditure for example, so it is therefore essential for economic growth and business in developed countries (see for example, Levine & Renelt, 1992; Sala-i-Martin & Schwab, 2004; Dormont et al., 2010).

#### 2.2.1.1 Definition of Wellbeing

Wellbeing is defined and measured in a number of ways from a number of perspectives (Aked, Marks, Cordon, Thompson, 2008; ONS, 2016a; OECD, 2015a). In 2008, the Government's Foresight project on Mental Capital and Wellbeing commissioned the New Economics Foundation (NEF) to develop a set of evidence-based actions to

improve personal wellbeing, from both a psychological and economic perspective. The results of this piece of work re shown in Figure 2-2 Five Ways to Wellbeing (Aked et al., 2008). Further discussions of what constitutes ‘good’ wellbeing in the workplace will be provided in the next section workplace and wellbeing, the physical work environment and workplace culture will be considered in section 2.2.2.2 ‘*Components of Wellbeing at Work*’ in relation to psychological and social wellbeing. Here, wider considerations of wellbeing in respect of equity, such as material wellbeing and being paid adequately i.e. the living wage, will also be considered.

Figure 2-2 Five Ways to Wellbeing (Aked et al., 2008)

**1. Connect:** With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

**2. Be Active:** Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

**3. Take notice:** Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

**4. Keep learning:** Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

**5. Give:** Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Others have conceptualised wellbeing as potential realisation and autonomy, competence, as well as meaning and purpose (Michaelson, Abdallah, Steuer, Thompson, & Marks, 2009). The most recent ONS (2016a) ‘wellbeing wheel’ consists of ten segments:

personal well-being; our relationships; health; what we do; where we live; personal finance; the economy; education and skills; governance; and finally, the natural environment. The ONS (2016a) uses four dimensions to assess the personal wellbeing segment: life satisfaction, feeling worthwhile, feeling happy and feeling anxious. As discussed in the previous section, psychological wellbeing and health are closely linked in later life (Kahneman et al., 2004; Steptoe, Deaton & Stone, 2015) and for this reason the psychological aspects of wellbeing will now be explored.

Wellbeing itself, though distinct from biological aspects of healthy ageing and physical functional decline, is linked to health through a number of mechanisms such as health behaviours (for example, physical activity) and positive or negative affect (Chida & Steptoe 2008; Steptoe, 2010; Windle, Hughes, Linck, Russell, & Woods, 2010). According to Kahneman et al. (2004) there are three components of psychological wellbeing; (1) evaluative wellbeing (or life satisfaction); (2) hedonic wellbeing (feelings of happiness and sadness); and; (3) eudemonic (sense of purpose and meaning in life). Similarly, Diener (2000) has suggested that subjective wellbeing is composed of:

- life satisfaction (global cognitive evaluation of one's life)
- satisfaction with important domains (work, health, marriage)
- Positive affect (experiencing many pleasant emotions and moods)
- low levels of negative affect (experiencing few unpleasant emotions or moods)

There has been a longstanding argument about eudemonic versus hedonic perspectives, which have led to a focus on two distinct perspectives in wellbeing research (see for example, Henderson & Knight, 2012). More recently, 'social wellbeing' has been additionally used to refer to social connection and the sense of reciprocity involved in wellbeing (Michaelson et al., 2009). Now that the aspects of psychological wellbeing have

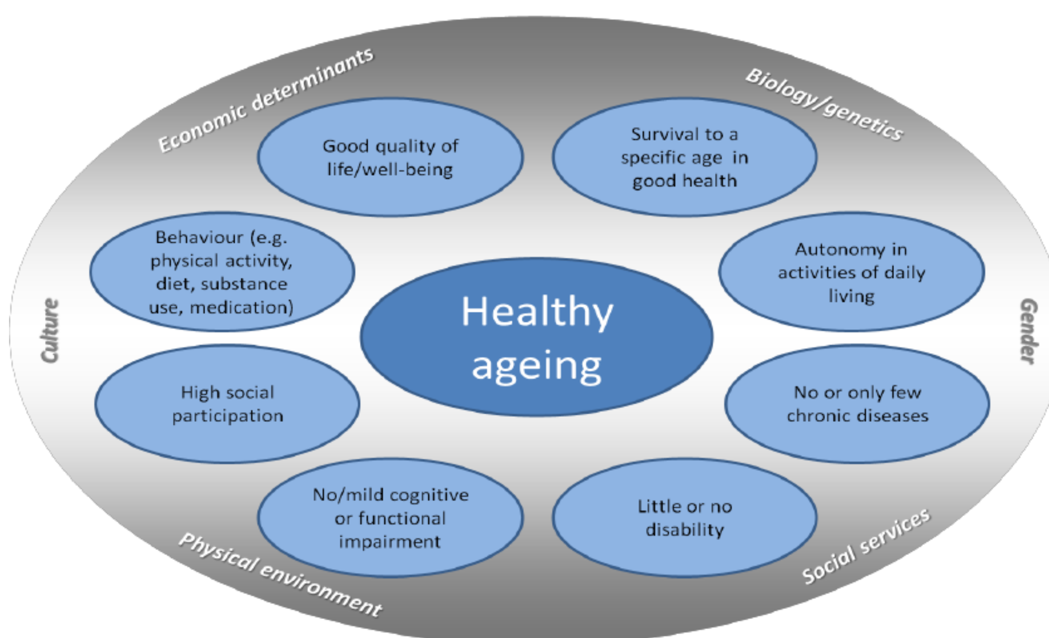
been discussed, an appraisal of wellbeing in relation to the workplace environment will be made in terms of, firstly, the relationship with age over the life-course.

### *2.2.2 Health and Wellbeing Across the Life-course*

#### 2.2.2.1 Components of Healthy Ageing

An overview of the key components of healthy ageing is displayed in Figure 2-4 below as devised by Fuchs and Scheidt-Nave et al. (2013).

Figure 2-3 Components of Healthy Ageing (Fuchs & Scheidt-Nave et al., 2013)




These factors and their impacts specifically on trends in healthy ageing will be discussed in the respective sections:

- Components of Wellbeing at Work
- Trends in Healthy Ageing and Wellbeing
- An overview of the Economic and Social Determinants of Healthy Ageing.

A fuller discussion of workplace facilitators of positive health and wellbeing will be discussed in the context of facilitators to extended working life in section 2.5. The next section will explore the factors that contribute to wellbeing at work.

2.2.2.2 Components of Wellbeing at Work

In respect of wellbeing, Warr (1987; 2007) identified twelve components of good work that induce positive employee wellbeing. These are: opportunity for personal control; opportunity for skill use; externally generated goals; variety; environmental clarity; contact with others; availability of money; physical security; valued social position; supportive supervision; equity and career outlook. In terms of occupation and mental and physical wellbeing, productive jobs for positive health and wellbeing are consistent with a number of workplace factors. These features are summarised by The Work Foundation (2010) as chain of causality factors in the workplace:

- physical hazards
- psychological climate
- job design/quality

(The Work Foundation, 2010, cited in Bevan, 2010, p.23)

These factors include: employment being secure; work not being monotonous and repetitive; having enough autonomy; control and task direction; having a balance between reward and effort; having good social support networks and being treated fairly by employers in terms of procedural justice (Bevan, 2010; Black, 2008; Coats & Max, 2005; Marmot, 2010; Warr, 1987; 2007).

In respect of workplace factors facilitating wellbeing over time, a number of environmental characteristics of happiness at work have in fact been highlighted. These are:

- autonomy or opportunity for personal control (Bryson, Forth & Stokes, 2014; Karasek, 1979; Warr, 2007);
- opportunity for skill use (Bryson, Forth & Stokes, 2014; Hackman & Oldham, 1975, cited in Johns & Saks, 2005; Warr, 2007);
- externally generated goals (Warr, 2007);
- variety (Bryson, Forth & Stokes, 2014; Hackman & Oldham, 1975, cited in Johns & Saks, 2005; Warr, 2007);

- environmental clarity (including role clarity, task feedback and low future ambiguity) (Bryson, Forth & Stokes; Jaques, 1956; Kraybill, 2003, cited in CIPD, 2007b; Warr, 2007);
- contact with others (Bryson, Forth & Stokes, 2014; Johnson and Hall, 1988; Warr, 2007);
- availability of money (Bryson, Forth & Stokes, 2014; Lupton, 1983; Warr, 2007);
- physical security (Bryson, Forth & Stokes, 2014; Lupton, 1983; Warr, 2007);
- valued social position or perception of significance (Bryson, Forth & Stokes, 2014; Warr, 2007);
- supportive supervision (Bryson, Forth & Stokes, 2014; Johnson & Hall, 1988; Warr, 2007);
- equity (Bryson, Forth & Stokes, 2014; Warr, 2007; Unterslak, 2009);
- career outlook (Bryson, Forth & Stokes, 2014; Warr, 2007).

'Equity', which is defined as "justice within one's organisation, fairness in the organisation's relations with society" (Warr, 2011, p.20) is particularly pertinent to the current research because of the organisational context as a large co-operative.

In respect of job autonomy, skill utilisation and equity, workplaces indicative of a social enterprise structure have been recently demonstrated to show high levels of freedom and autonomy, which impacts positively on wellbeing (Chandler, 2016). Additionally, strengths-based approaches to employees seen in social enterprises have been shown to improve employee health and wellbeing (Chandler, 2016; Laverack, 2006; Foot & Hopkins, 2010; Institute for Research and Innovation in Social Services, 2012), which in turn can promote self-confidence (The Young Foundation, 2010) and self-efficacy (Wallerstein, 2006). Strength based approaches focus on what an individual can do rather than focussing on weaknesses. There may be similar merits to a cooperative structure, which can also be classed as a type of social enterprise (Price, 2009), and this context in terms of is values and equity will be explored in the discussion section of Phase Two.

Other environmental factors highlighted as supportive of workplace wellbeing include: values-based working environment and management style; open communication and dialogue; team working and co-operation; flexibility, discretion and support for

reasonable risk taking; a balance between work and family life; the ability to negotiate workload and work pace without fear of reprisals or punishment (Kraybill, 2003, cited in CIPD, 2007). In addition, other micro level characteristics important for individual employee wellbeing have been cited as:

- Maintaining a healthy body by making healthy choices about diet, exercise and leisure
- Developing an attitude of mind that enables the employee to have self-confidence, self-respect and be emotionally resilient
- Having a sense of purpose, feelings of fulfilment and meaning
- Possessing an active mind that is alert, open to new experiences, curious and creative
- Having a network of relationships that are supportive and nurturing

(Canadian Centre for Management Development, 2002, cited in CIPD 2007b p. 5).

Whereas workplace wellbeing guidelines in place from the NICE (2009) in England recommend the following from an organisational perspective rather than focussing on individual characteristics:

- Strategic and coordinated approach to promoting employees' mental wellbeing
- Assessing opportunities for promoting employees' mental wellbeing and managing risks
- Flexible working
- The role of line managers
- Supporting micro, small and medium-sized businesses

Further, NICE (2016, webpage) guidelines include recommendations on:

- organisational commitment
- mental wellbeing at work and physical work environment
- fairness, participation and trust
- senior leadership
- line managers' role and leadership style
- training, including support for older employees
- job design
- monitoring and evaluation

There are a number of factors that limit the extent to which job design can support employee health and wellbeing as set out by Bevan (2010) in setting the business case for tackling health and wellbeing in work. Black's Review 'Working for a Healthier

Tomorrow' (2008) identified that up to 40% of employers had no sickness management policy and that tackling stigma around sickness and disability in the workplace was a key challenge. Similarly, only 10% of employees of small firms had access to an occupational health service, when compared with more than half of staff in larger firms (DWP, 2013). Yet, according to Bevan (2010) the business case for addressing workplace sickness and improving employee health is compelling, because healthy employees have increased commitment and job satisfaction. However, policy level change is also important for essential components of wellbeing such as fair pay. For example, The Joseph Rowntree Foundation (2016) recently called for government policy to strengthen as opposed to take away workplace financial support for the poorest by raising the minimum wage and keeping universal credit tax allowance. Therefore, in order for the range of workplace factors that influence employee wellbeing to be implemented, policy level factors at the organisational and societal level must also be addressed in terms of equity, in that 'good work' should provide the means to a living wage at a UK rate of £8.25 per hour (Living Wage Foundation, 2016). The next section will explore the economic and social determinants of healthy ageing.

#### 2.2.2.3 An overview of the Economic and Social Determinants of Healthy Ageing

Health in general has been shown to be influenced by the following social determinants: education; occupation; income; gender; ethnicity; and a fundamental inequality of power, meaning resources and money (Black, 2008; Coats & Max, 2005; Crawford, Graveling, Cowie, & Dixon, 2010; Diderichsen, Evans, & Whitehead, 2001; Galobardes, Shaw, Lawlor, Lynch, & Smith, 2006; Kunst & Mackenbach, 2000; Marmot, 2010; WHO, 2010). Critically, Black (2008) argues that society needs to be more aware of the link between physical and mental health, with personal, family and social attainment.

This means that psycho-social factors, social determinants and mental and physical wellbeing are intrinsically linked.

Figure 2-4 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999-2003

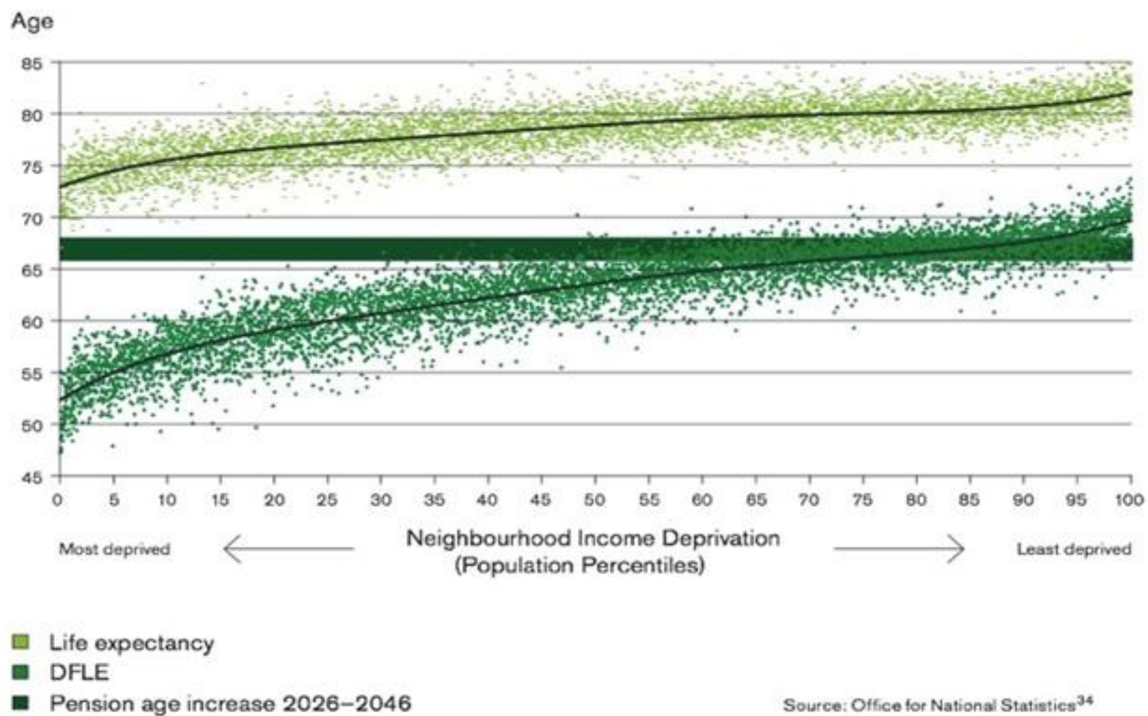
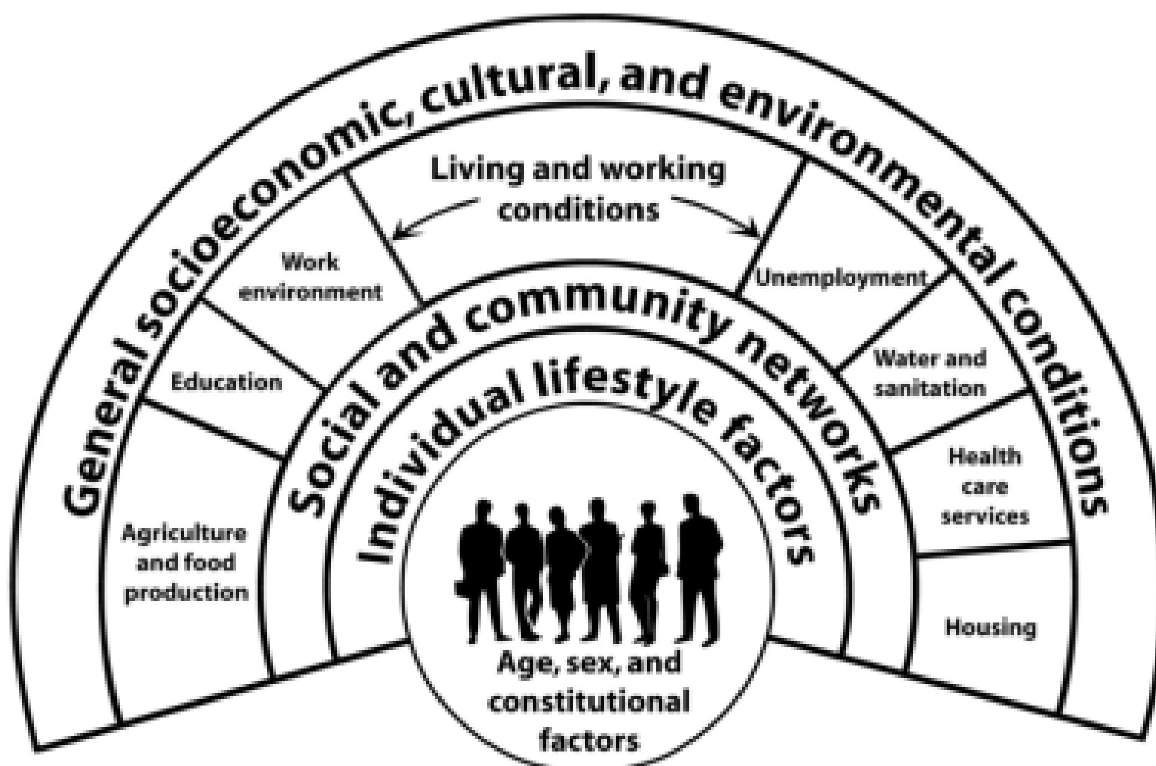



Figure 2-4 above shows the DFLE by level of neighbourhood income deprivation in England from 1999-2003, whereby very few people in the most deprived third of the country are disability free by age 65 years compared to the pension age increase, meaning people in these deprived groups may not reach pensionable age. More recent data also support these trends (ONS, 2016). Trends internationally also show stark social inequalities whereby more socially advantaged groups are more likely to experience a compression of morbidity (whereby the timeline between chronic disease and death is reduced, so people are healthier for longer) than less educated or disadvantaged groups (Deeg, 2012; Marmot, 2010). Dahlgren and Whitehead (1992) devised a model to explain the range of social determinants impacting on health inequalities, (shown in Figure 2-5 below), which encompasses four layers: general socioeconomic, cultural and environmental conditions (including workplace conditions), social and community

networks, individual lifestyle factors and age, sex and other constitutional factors. This model is usefully applied to healthy ageing and can be linked to Fuchs and Scheidt-Nave et al.'s (2013) overview of the key components of healthy ageing.

Figure 2-5 Model representing the wider determinants of health (Dahlgren and Whitehead, 1992)




Studies have demonstrated positive health and healthy ageing to be linked with a wide range of determinants, such as stress at work (Nilsen et al., 2014), socioeconomic position, or area deprivation level as a child (Murray et al., 2013; Strand, Cooper, Hardy, Kuh, & Guralnik, 2011). Across the life-course, broader socio-economic inequalities impact on wellbeing in general; this in turn impacts on health particularly in older people (Marmot et al., 2003; Kahneman, Krueger, Schkade, Schwarz, & Stone, 2004; Niedzwiedz, Katikireddi, Pell & Mitchell, 2014; Steptoe, Deaton & Stone, 2015). Differences in social and occupational class have been found to impact on levels of musculoskeletal disorders, heart disease, cardiovascular disease, diagnosed hypertension

(for men), diabetes, arthritis and respiratory illness (in men only) (Marmot et al., 2003; Putrik et al., 2015). DFLE also varies significantly across the regions of England with a prominent 'North South divide' seen whereby those in the South on average can expect to live longer and healthier than those in the North (ONS, 2014a). For example, at age 65 men in the North East have a DFLE of 9.0 years whereas men at age 65 in the South East have a DFLE of 11.7 years (ONS, 2014a). Overall, low income and a poor level of education have also shown to have detrimental effects on the time remaining in good health using data from the British Household Panel Survey (Cooper, McCauseland & Theodossiou, 2015).

Determinants of healthy ageing in later life also include mental wellbeing, which has been shown to be strongly associated with healthy active ageing (Sprange et al., 2013) and social capital building within the community (Koutsogeorgou et al., 2014). Therefore, wellbeing and healthy ageing are intrinsically linked. In addition, gender has been demonstrated to have an impact in later life, for example on the preparedness to have an annual health check and willingness to seek advice from a medical professional, which has been found to be related to social roles and norms (Deeks, Lombard, Michelmore & Teede, 2009). Specific factors impacting on wellbeing include material conditions; social and family relationships; social roles and activities, which are factors that change as individuals get older (Kanheman et al., 2004; Silverstein, 2008; Warr et al., 2004). Finally, wellbeing impacts on older peoples' health have been found in recent research, a New Zealand study, applicable to the UK (Cameron & Waldegrave, 2010), found a positive relationship between wellbeing and higher levels of wellbeing and health, and education, work, and economic living standards.

In relation to income, other lifestyle factors that are dictated by financial resources impact on health, such as intake of fruit and vegetables and physical activity, which have been shown to impact on the self-rated health of older adults providing some explanation as to the marked impact of income (Södergren, McNaughton, Salmon, Ball, & Crawford, 2012). These factors driving social health inequalities in terms of trends in healthy ageing are important for this study because the organisation is based in the North of England where some of the most deprived areas are located. Moreover, the majority of the workforce are predominately low paid, thus more likely to experience health inequalities. The next section will consider trends in health and wellbeing at work over the life-course.

2.2.2.3 Trends in Health and Wellbeing across the life-course

In terms of societal trends in healthy or successful ageing there have been some developments in recent years. DFLE is increasing at a faster rate than life expectancy leading to a compression of morbidity or disability towards the end of life and there are associated social health inequalities (Fries, Bruce & Chakravarty, 2011; Marmot, 2010; ONS 2014a; OECD, 2016). Yet, evidence from the US and Europe reveals a rise in chronic disease among older people (Christensen et al., 2009), perhaps reflecting a greater duration of time that people live with disease, as well as widening definitions (see for example, Moynihan et al. 2013). In fact, a study of 12 OECD countries showed evidence of compression of severe disability in later life in only five of these countries (Lafortune & Balestat, 2007) and Robine, Saito, and Jagger, (2009) found no strong evidence of a compression of morbidity or disability in developed countries with the lowest mortality.

The relationship between age and wellbeing has been shown to be curvilinear, improving after middle age. Warr (2007) summarised the evidence regarding work, happiness and unhappiness within the ageing population and gives a number of reasons for

the observed curvilinear relationship with age. Firstly, he suggests that older people might have less concern for hedonic aspects of happiness and increased emphasis on self-validating activities and, although at the time there was a lack of empirical research to support this premise, Warr (2007) supports this argument. In sum, as Warr (2007) points out, temporal perspectives in relation to their employment differ as people age, meaning that people in their later years are also more often 'adding up where one has been rather than a preoccupation with what will be in "life review and reconciliation achieved" (Birren & Rennner, 1981, pp. 248-249).

A large study, carried out for the Department of Business Innovation and Skills explored whether wellbeing impacts on productivity in England (Bryson, Forth & Stokes, 2014). The study constructed measures of wellbeing from Warr's (1993; 2007) scales and based on job satisfaction. Nine of these items were aspects of job satisfaction, while six were aspects of job-related affect (JRA), three of which correspond to Warr's anxiety-contentment scale and another three to his depression-enthusiasm scale. Therefore, as job satisfaction is a useful gauge of workplace wellbeing an appraisal of job satisfaction trends over the life-course will now be made. It was initially suggested that the relationship with age and job satisfaction was a positive linear one (Clark, Oswald & Warr, 1996). However, the relationship between age and job satisfaction has been demonstrated to be curvilinear, showing improvement with age. in that increases are seen in workers in their mid-twenties to early thirties with the lowest point seen in midlife (see for example, Warr, 1992; Herzberg, Mausner, Peterson & Capwell, 1957, as cited in Clark, Oswald & Warr, 1996). Similarly, a U-shaped relationship has also been reported between job satisfaction and length of service (Theodossiou & Zangelidis, 2009). Regarding job satisfaction, it has been consistently found that there is a significantly positive relationship with age (see for

example, Clark, Oswald & Warr, 1996; Thielgen, Krumm, Rauschenbach, & Hertel, 2015).

The positive relationship between increased job satisfaction and age could be attributed to a number of reasons, as explored in Warr's (1992) discussion of variance in the participation in the workforce. Firstly, fewer of the older workforce cohort are in employment compared to the younger workforce, therefore the trend in reduced rates of unhealthy older workers accounts for disproportionately 'well' ageing workers. Secondly, overall across all ages less healthy individuals will have left the work force and "as people approach retirement they come to value their jobs more in an overall retrospective manner than in the contemporary and prospective terms that are usual among younger employees" (Warr, 1992, p.44). For example, research suggests that younger people tend to score lower in life satisfaction (Clark, Oswald &Warr, 1996; Rhode, 1983; Warr, 1992) younger age groups tend to be more troubled by daily stresses and problems experiencing greater conflicts in potential identities and pathways (see for example, Herzberg et al, 1957; Kalleberg & Loscocco, 1983; Levinson, 1986 cited in Warr, 1992). Although more recent research has suggested a U shaped relationship in wellbeing in respect of satisfaction with family and social life, which appears to be lowest (least satisfied) in middle years between ages 35-54 (De Ree & Alessi, 2011; ONS, 2015a). Another study supporting these trends found that workers aged 60-64 years old reported better scores for social functioning, mental health and vitality compared to workers aged 45-59 years old (Koolhaas, van der Klink, Groothoff, & Brouwer, 2011).

A fuller discussion of the factors that facilitate wellbeing at work in the context of extended working lives can be found in section 2.5.4. The next section will explore ageing and its impact on functionality and productivity, as well as the factors that mitigate any deterioration in functional capacity with age.

### *2.2.3 Ageing, Functionality and Productivity: what does the evidence say?*

#### 2.2.3.1 Functionality and Age

In terms of physical health's impact on work ability, decline in functional capacity is generally shown to be compensated for in older workers (Benjamin & Wilson, 2005; Yeomans, 2011). For instance, sensory abilities such as sight and hearing have been shown to deteriorate with age. However, with practical interventions such as spectacles or adaptations to the work environment this can generally be counteracted (Yeomans, 2011). In addition, a range of biological factors can cause impacts on health across the life-course such as birth weight, which has been shown to impact, for example, on grip strength in older people (Dodds et al., 2012) as well as cognitive and physical functioning such as increased risk of cardiovascular disease (Kuh & New Dynamics of Ageing Preparatory Network., 2007). Ageing has some health implications for the workforce, but the extent to which health declines and the impact on work is not conclusive. A review, cited within the NICE guidelines (2015) evidence review for ageing workers' wellbeing at work, demonstrated that physical and mental changes associated with ageing included a reduction in aerobic capacity and oxygen uptake, an increase in Body Mass Index, and a reduction in muscle strength (Crawford et al., 2010). However, importantly these declines did not necessarily have a workplace effect. This review also suggested that in order to promote workplace health for an ageing workforce, a consideration of the whole workforce was important and ergonomic designs and provisions in terms of adequate shift patterns (less night work, less strenuous work and fewer hours if necessary) needed to be developed to facilitate extended working lives. A more comprehensive review of the facilitators to good health can be found in section 2.5.

A systematic review exploring the longitudinal effects of psychosocial work with a focus on cognitive functioning and dementia in older workers carried out by Then et al. (2014), found that working more than 55 hours a week was associated with significantly decreased perceptual reasoning among 'elderly' workers (aged at least 40). In general, deteriorations in wellbeing have been found to have an impact on functionality; for example, a negative relationship has been demonstrated between mental health problems and productivity, specifically in respect of presenteesim (Centre for Mental Health, 2011; Hafner, van Stolk, Saunders, Krapels & Baruch, 2015). Hafner et al., (2015) in their study with workers across all ages, found that a lack of sleep, financial concerns and giving unpaid care to family members or relatives as well as mental ill health impacted on productivity. Mental ill health across all ages has been found to impact on work in the following ways, according to a UK review of the research (Lauber & Bowen, 2010, p. 173):

- Sub-optimal performance level at work (presenteeism);
- Repeated short-term absences that did not lead to sick notes (absenteeism);
- Long-term sick leave
- Disability claims due to a failure to return to work

Baltes and Baltes (1990) proposed a model that suggests functional capacity can be negotiated with age: Selective Optimisation with Compensation (SOC) life-course theory (Baltes & Carstensen, 2003; Baltes & Smith, 2003). The SOC life-course theory describes ageing as involving changes in resources and goals, and over time there is a shift from personal gain and growth towards minimising declines (Baltes & Carstensen, 2003; Baltes & Smith, 2003). Selection is described as voluntary and loss-based, involving selecting a range of domains such as relationships, health, or personal identity, as well as specific goals associated with these (to what is within limits) (Baltes, Baltes, Freund & Lang, 1995; Wang, 2012). Selection has also been described as ‘pruning’ of tasks (Kelly, Fausset,

Rogers & Fisk, 2014) that are no longer within limits and is often necessitated by normative changes related to ageing including vision loss and declining sensorimotor control (Fozard & Gordon-Salant, 2006; Kelly, Fausset, Rogers & Fisk, 2014; Seidler & Stelmach, 1995). For example, in older years adapting work tasks may be required based on deteriorating physical capability. Optimisation describes the resources used to achieve these goals in order to attain a higher level of functioning (Baltes, Baltes, Freund & Lang, 1995; Kelly et al., 2014; Wang, 2012). Kelly et al. (2014) cite examples of optimisation as perseverance and increased practice of goal-relevant tasks: "in the context of the home this might mean continuing to vacuum the house, even if it takes longer and requires frequent breaks" (p.1021). Compensation refers to attaining new resources in order to counteract declines that threaten current functioning levels (Baltes, Baltes, Freund & Lang, 1995; Kelly et al., 2014; Wang, 2012). For example, an older adult with mild memory problems might put more resources into performing specific memory based tasks, such compensation strategies (Vance, Webb, Marceaux, Viamonte, Foote, & Ball, 2008). This emphasises the role of adaptation in the process of successful aging, especially in respect of successful cognitive aging.

Where there is evidence for age related deterioration in tasks that place high demands on cognitive functioning, the experience and expertise of older workers seems to play an important part in mediating these effects on productivity. This is in terms of deteriorating fluid and increasing crystallised cognitive skills with age (Baltes, Staudinger, & Lindenberger, 1999; Conen, Henkens & Schippers, 2012). Fluid cognitive skills have been described as the;

> …process of acquiring information, like mental agility, mental arithmetic, solving problems and making quick connections. The quality is genetic and comes with high inter-individual variation. These skills decrease with age.

(Conen, Henkens, & Schippers, 2012, p.651).

Crystallised cognitive skills have been described as the; "knowledge and experience that is embodied in a person after years of practice, learning and repeating. These skills are found to increase with age" (Conen, Henkens, & Schippers, 2012, p.651). Decline in cognitive functioning has been shown by neuroimaging to be compensated for with other functioning in different parts of the brain and specific types of brain-training enables individuals to compensate for any deteriorations (Reuter-Lorenz, 2002; Lustig, Shah, Seidler, & Reuter-Lorenz, 2009). For example, compensations in functioning with age have been described as "strategic thinking, sharp-wittedness, considerateness, wisdom, ability to deliberate, ability to rationalise, control of life, holistic perception and language skills improve with age" (Ilmarinen, 2012, p.1). Similarly, Johnson, Holdsworth, Hoel and Zapf (2013) explored age differences in stress management strategies specifically as a response to customer stresses across retail workers. Their findings suggest that older workers' utilisation of emotional control and active coping generally had more of a positive effect on emotional exhaustion and cynicism in comparison to younger employees. Specifically, they found that older workers have better ability to deal with managing their coping strategies than their younger counterparts, leading to a better experience for the customer.

#### 2.2.3.2 Productivity and Age

Employee productivity is a key marker within the workplace that influences organisational, social and self-perceptions of workers. The nature of this within the older workforce will now be discussed. Employee productivity can be defined in terms of both physical and cognitive skills, and the impact of ageing on these skills has been widely studied (see for example, Conen, Henkens, & Schippers, 2012; Ilmarinen, 2001;

Silverstein, 2008). The start of decline in functional capacity has been set by the WHO (1993) at 45; those over 60 are considered ‘elderly’; and those over 65, ‘geriatric’ (Chan, Tan & Koh, 2000), whereas other descriptions cite the over 65s as ‘elderly’ (OECD, 2017; Orimo, Suzuki, Araki, Hosoi, & Sawabe, 2006). The WHO (2002a) state that the definition of elderly varies from country to country but roughly coincides with pensionable age. The relationship between productivity and age has been contested with some research suggesting there is no change (Benjamin & Wilson, 2005; Yeomans, 2011), whereas Vandenberghe’s, (2013) assessment suggests that productivity deteriorates in female dominant workforces. However, the bulk of the evidence suggests that deteriorations in productivity with age are mitigated against (Meadows, 2003; Cleveland & Lim, 2007; Bertschek & Meyer, 2009; Salthouse, 2012) or shown to be based on variations in sub-sections of the population such as gender (Vandenberghe, 2013) and lower educational level (Andersson et al., 2002, cited in Lallemand & Rycx, 2009). According to Silverstein (2008), reasons for a tenuous relationship between productivity and ageing are that many jobs do not involve workers being at full performance capacity, inter-individual differences exist in physical and cognitive decline, and older workers employ strategies to compensate any decline. Finally, research suggests where there is a connection between age and productivity, it is in fact an ‘age-positive’ one (Hotopp, 2007), although some examples show deterioration in productivity by profession such as with firefighters (Sluiter, 2006), chess players (Bertoni, Brunello & Rocco, 2013) and in IT (Lallemand & Rycx, 2009).

2.2.3.3 Productivity and Engagement

Productivity and engagement have been widely documented as important for individual, collective and organisational efficacy (Fearon, McLaughlin & Morris, 2013;

MacLeod & Clark, 2009; Robertson-Smith & Markwick, 2009). Schaufeli, Salanova, González-Romá, & Bakker (2002, p. 74) define engagement as: "a positive, fulfilling, work related state of mind that is characterised by vigour, dedication and absorption". A European review on ageing and work (Schalk et al., 2010) highlighted that engagement appears to be positively associated with age (Schaufeli & Bakker, 2003), whereby older workers demonstrate better scores. Negative relationships have been associated with age and burnout, whereby younger workers experience burnout at the beginning of their careers more so than older workers at the end of their careers (Schaufeli & Enzmann, 1998) suggesting that experience is a key buffer against burnout (Schalk et al., 2010).

#### 2.2.3.4 Summary of the Evidence on Productivity and Ageing

To summarise, the effect of ageing on functionality in terms of cognitive and physical functioning has been shown to be inconclusive (see for example, Benjamin & Wilson, 2005; Meadows, 2003). Although some differences have been shown for example with job role (see for example, Sluiter, 2006) and declines in productivity have been shown in workforces with predominately older women (Vandenberghe, 2013). Other research suggests the relationship between age and productivity is an 'age-positive' one (Hotopp, 2007) or at least that age related decline does not hinder performance (Crawford, Graveling, Cowie, Dixon, & MacCalman, 2009). Deteriorations in both physiological and cognitive functionality have been shown to be mitigated against by a number of factors (see for example, Ilmarinen, 2012). These mitigating factors can be explained by SOC theory (see for example, Baltes & Baltes, 1990), and levels of engagement have been shown to increase in older workers, which in turn positively impacts on productivity (Schalk et al., 2010). The next section will explore the impact of retirement on health.

### *2.2.4 Health and Retirement*

In respect of the UK Labour Force Survey (2016), the level of inactivity in the labour market in the over 65 year olds has increased by 2.6% from 2015-2016 (Clegg, 2017). Reasons for 'inactivity' were cited as: student; looking after family or home; long-term sickness; and, retired. At the same time, the level of inactivity in those aged 55-64 years old has decreased by 0.8% (most likely reflecting rises in SPA in females). In the UK, while increases in levels of older workers have been illustrated, as discussed there are also high levels of older workers with health conditions or disabilities (42% aged 55-64) (Clegg, 2017; Phillips, 2013). The two major health problems in relation to older workers are musculoskeletal disorders (Antonopoulou et al., 2007; Buckle, 2015; Ghasemkhani et al. 2006; Yeomans, 2011; 2016; Marvel & Cox, 2016; Silverstein, 2008) and mental health disorders including depression (Crawford et al., 2010; HSE, 2015; Ilmarinen, 2012; Taimela et al. 2007; The Government Office for Science, 2008).

There is a lack of consensus regarding the health impact of retirement (van der Heide et al, 2013). For example, some studies have identified retirement to be detrimental to health in the long-term (Behncke, 2012; Kuhn et al., 2010; Sahlgren, 2013), while others report that retirement has positive health impacts (Jokela et al., 2010; Ding et al., 2016), and a recent longitudinal study found that working past SPA has no health benefits after controlling for variables over the life-course (Di Gessa et al., 2016). However, there is strong evidence for positive effects of retirement on wellbeing (see for example Jokela et al., 2010; Latif, 2011; Mein, Martikainen, Hemingway, Stansfeld, Marmot, 2003; Oskanen et al., 2011; van der Heide et al., 2013).

Potentially, a key reason for the lack of conclusive evidence on the impact of retirement on health, relates to methodological research problems. For example, Sahlgren

(2013) used data from the Survey of Health, Ageing, and Retirement in Europe, to point to a number of ambiguities in respect of being able to attribute causality regarding the factors associated with working for longer and impacts on health. One such ambiguity lies with social capital, whereby positive relationships at work may increase social interactions and therefore have a positive health impact (see for example, Ronconi, Brown & Scheffler, 2012). However conversely, if an individual is inclined to become involved in more social networks such volunteering as a result of retirement; the positive impact of EWL or retirement on health may not be so straightforward. In fact, factors associated with positive adjustment to retirement have been recently cited in an systematic review of the literature (Barbosa, Monteiro & Murta, 2016) as having good physical health and wellbeing (see for example, Bender, 2012; Hershey & Henkens, 2013; Kirby, Coleman & Daley, 2004; Warr, Butcher, Robertson, & Callinan, 2004), adequate finances (see for example, Austrom, Perkins, Damush, & Hendrie, 2003;Gall & Evans, 2000; Knesebeck, Von Dem, Wahrendorf, Hyde, & Siegrist, 2007; Price & Balaswamy, 2009), increased leisure opportunities (see for example, Hillman, 2002, Kim & Feldman, 2000; Sener, Terzioğlu, & Karabulut, 2007), a voluntary retirement (see for example, Dingemans & Henkens, 2015; Hershey & Henkens, 2013; van Solinge & Henkens, 2005) and adequate social support (see for example, Alpass, Towers, Stephens, Fitzgerald, Stevenson, & Davey, 2007; Fouquereau, Fernandez & Mullet, 1999; Warr et al., 2004).

Pathways to retirement have been shown to impact on health outcomes in that the voluntariness of retirement decisions can impact on the likelihood of positive differences in health and wellbeing (Barbosa, Monteiro & Murta, 2016; Isaksson & Johansson, 2008; Isaksson & Johansson, 2008; Mosca & Barrett, 2014; van der Heide et al., 2013; van Solinge, 2007) and is a key issue often overlooked in retirement studies (Iparraguirre,

2014; van der Heide et al., 2013). Research has shown that voluntary retirement has a positive (Dave, Rashad & Spasojevic, 2008; Isaksson & Johansson, 2008; van Solinge, 2007) or no effect on health (Mosca & Barrett, 2014), whereas involuntary retirement has been found to have a negative effect on mental health or adjustment to retirement (Barbosa, Monteiro & Murta, 2016; Mosca & Barrett, 2014; van der Heide et al., 2013). In addition, having a perception of control over the choice of retirement as well as over the timing and conditions of retirement has been shown to have a positive effect on quality of life and subjective wellbeing in some studies (Calvo, Haverstick, & Sass, 2009; Nordenmark & Stattin, 2009), although a review of the literature found a null effect of timing on adjustment to retirement (Barbosa, Monteiro & Murta, 2016).

To overcome the problems associated with attributing causality in respect of health impacts on work and retirement in older age, an instrumental variable model is needed. This makes it possible to isolate one particular variable such as the removal of statutory retirement age (Sahlgren, 2013). For example, a study using this model looked at the English Longitudinal Survey on Ageing data (Behncke, 2012) and demonstrated negative effects of retirement on health by controlling for a number of variables, including expectation or anticipation of retirement. However, Salghren's (2013) and Behncke's (2012) studies lacked detail of the interacting effects of type of employment (for example, manual labour compared to office based work). This is an important effect to consider, as Marmot argues (2010) it is the right kind of work that promotes health by providing adequate job control and realistic demands that will promote health at work for longer.

In sum, the evidence for the impact of retirement on health is inconclusive. There are a number of studies that present the benefits of working for longer and demonstrate that retirement causes deteriorations in health. Yet there is also evidence to suggest that

retirement has positive health impacts, indeed after controlling for baseline and lifestyle characteristics, there have been shown to be no positive health benefits of working past SPA and the relationship between retirement and physical health has been shown to be inconclusive. Despite this, strong evidence exists for positive impacts of retirement on mental wellbeing.

Nevertheless, as highlighted, good work has been shown to be good for health across all ages and adjustment to retirement appears to be negatively linked to a number of factors including having a lack of choice in retirement decision, whether that be through ill health or organisational redundancy. Therefore, there is a public health need to understand the factors that lead to better health and wellbeing in older workers, where required to work for longer, and those that inhibit older workers to stay in the labour market, by focussing on job role and a range of demographic variables. The next section will consider sickness absence and trends in the older worker population.

#### *2.2.5* Sickness Absence and Age

According to the Labour Force Survey (Clegg, 2017; Phillips, 2013), of the 7.2 million people aged 50-64 who were employed in 2013 (2016 figure equals 8.6 million), 42% were living with a health condition or disability. Sickness absence is a useful measure of overall health (Kivimaki, Head, Ferrie, et al. 2003; Marmot, Feeney, Shipley, North & Syme, 1995; Taimela et al., 2007) and is used to explore health at work in the current study (see section 4.2.4.3'*Sickness Absence as an Indicator of Health*' for a fuller discussion of sickness absence as an indicator for health). Overall, sickness absence has been demonstrated to be higher in older workers (HSE, 2014; Marmot, Feeney, Shipley, North & Syme, 1995; Taimela et al. 2007). However, Taimela's (2007) research used accumulated sickness days rather than a proportionate rate, so did not account for hours

worked in their study, meaning that older workers could have reflected more working hours than the younger population rather than more sickness. Further, Taimela's study was based on a relatively small sample (n=1,341) of construction workers so may not be representative of older workers in general. Marmot et al., (1995) used a larger sample (n=10,308) analysing episodes of absence rate by 100 person years and found that long-term sickness was associated with age. In fact, long-term sickness or prolonged sickness absence has been shown to be higher in older workers (Donders, Bos, Van der Velden, & Van der Gulden, 2012; Taskila, Shreeve, Laghini & Bevan, 2015) and short-term sickness and frequent sickness is lower (Donders et al., 2012; Ilmarinen, 2012). This is also supported by the fact that around 30% of men and women aged 50–64 years need urgent adjustments at work because of health problems and the need for workplace adjustments surpasses actual implementation (Boot et al., 2013; Ilmarinen, 2012). However, rates of sickness have been shown to be lower for those who continue to work after they are eligible for their state pension, although this is possibly a result of those with health problems leaving the labour market prior to this point, also known as the 'healthy worker survivor effect' (Siebert, Rothenbacher & Brenner, 2001). In sum, it has been demonstrated that older workers take more long-term sickness. Substantive studies of older workers using representative samples of a range of workers (see for example Boot, van den Heuvel, Bultmann, de Boer, Koppes, 2013) have used proportionate sickness absence rates to explore workplace health. This is the approach taken in the current research to measure sickness absence. A further discussion of the rationale around sickness absence as an indicator of health can be found in section 4.2.4.3'*Sickness Absence as an Indicator of Health*'. The next section will explore the gender differences that occur in relation to age and health.

*2.2.6 Gender, Age and Health: the public health case*

There is an imperative to focus on gender in order to facilitate EWL across society, particularly as the numbers of women aged 55-64 participating in the labour market has steadily increased over the decades and this is projected to keep rising (OECD, 2012; 2015). In the UK, the overall participation rate of women over fifty to state pension age (SPA) in the last quarter of 2014 was 72.4% compared to men over fifty (to SPA) at 77.8% (ONS, 2014b). The employment rate for men has steadily increased to 69% over the last decade in the 55-64 age group, whereas for women the figure has remained at around over 50%, although the latest figures show an increase to 55% (OECD, 2012; 2015b). Research has also shown that, although women live longer (Mastekaasa & Melsom, 2014); they have been reported to have higher levels of sickness absence, and more hospitalisation episodes from early adolescence than men (Barmby, Ercolani & Treble, 2002; Laaksonen, Martikainen, Rahkonen, & Lahelma, 2008; Mastekaasa & Dale-Olsen, 2000). However, existing evidence suggests that the gender health gap has a tendency to shrink after the age of fifty (Vandenberghe, 2013), although overall more needs to be done to decrease gender inequalities in the labour market.

Older women have been shown to report more work-related stress than older men, which may be due to a number of factors. These could include women being more inclined to report stress, or having a different psychological response to stress at work than men, for example, differing coping strategies, and the tendency for women to use verbal expression and social support (see for example, Tamres, Janicki & Hegleson, 2002 cited in Griffiths et al., 2009; Achat et al., 1998 cited in Griffiths et al., 2009). Other reasons for this disparity include a number of social differences accounting for job strain, such as women taking on additional caring responsibilities than men (Fernandez-Ballesteros et al., 2011; Griffiths et al., 2009; Payle & Doyal, 2010), which can account for more instances of long-term

sickness in women especially (Mortensen et al., 2017). Finally, differences in stress in men and women can also be due to biological factors such as the contributory role of changes associated with the menopause due to hormones and the interaction this issue has on job stress and stressful roles (see for example, Holden, 2005; Kudielka & Kirschbaum, 2005; Lundberg, 2005; Cassou et al. 2007 cited in Griffiths et al, 2009). However, there is some evidence to suggest that biological differences in the stress responses are hormonally are mediated and so after menopause these differences are reduced (Otte et al. 2005).

Differences in gender can be clustered into two areas 1) biological factors; including genetic and physiological health influences, and 2) socially constructed factors; including differences in practical resources available as well as norms and roles of each gender (Payne, 2006). Biological differences pertaining to women include having a higher risk of osteoporosis, arthritis and other autoimmune diseases anaemia, thyroid conditions, gallbladder conditions, migraines, arthritis, eczema, upper respiratory infections, and gastroenteritis (Doyal & Payne, 2006; Bird & Rieker, 2008). Whereas, men have been shown to have higher risk of heart disease, diagnosed hypertension and respiratory illness, coronary heart disease, cancer, cerebrovascular disease, emphysema, cirrhosis of the liver, kidney disease, and atherosclerosis (Marmot et al., 2003; Bird & Rieker, 2008; Mosca, Barrett-Connor & Wenger, 2011; Needham & Hill, 2010).

Social differences between men and women include differences in work type, in that women tend to adopt lower skilled, lower paid and more insecure roles (EOC, 2007; Fawcett Society, 2014; OECD, 2012; Payne & Doyal, 2010), and that women tend to occupy more family roles and caring responsibilities (Burke, 2002; Nelson & Burke, 2002; Abramson, 2007). Nilsen et al., (2014) explored gender differences in health and found that in women high job demands were associated with an increased chance of developing

complex health problems in later life. A cohort study also showed that having a partner and family at ages 42, 45 and 50 was associated with having a larger kinship group and positively impacted men's health significantly more than women's health in terms of social isolation (Cable, Bartley, Chandola et al., 2012). In fact, a recent analysis from English Longitudinal Survey of Ageing as reported by Independent Age (2014) found that older men are more isolated than older women putting them at risk of poorer health in older age (Beach & Bamford, 2014). Females have generally been found to display more help-seeking preventative health behaviours than men (White, 2001; White et al., 2006) who have been shown to be more likely to perceive invulnerability to becoming ill, while they are actually at more risk of becoming ill (Courtenay, 2000; White, 2001; White et al., 2006).

Social differences pertaining to men include the stereotypes that exist in health care about the sorts of disorders or illnesses males show more prevalence (see for example, Astbury, 2001). For example, men do not typically show higher prevalence in disorders that 'internalise' such as anxiety or depression (González-Morales, Peiró, Rodríguez, & Greenglass, 2006; Silverstein, 2014) yet show higher prevalence in 'externalising' disorders such as impulse control and substance use disorders (Kessler et al., 2005; Rosenfield, Vertefuille, & McAlpine, 2000). Studies using measures of depression and substance use conclude that women and men are equally reactive to stress, but react differently (Chaplin et al., 2008; Needham & Hill, 2010). Women's responses to stressful situations tend to be displayed in symptoms of depression, while men's response to stress is increasingly, compared to women, more prevalence of substance use (Aneshensel, Rutter, & Lachenbruch, 1991; Aneshensel, 1992, 2005 cited in Needham & Hill, 2010; Hicks et al., 2007; Chaplin et al., 2008). Researchers conclude that the female excess in

internalising disorders partially explains the physical differences in terms of excesses in arthritis, headaches and so on, and male excesses in externalising disorders explain excesses in heart disease and blood pressure (Verbrugge, 1985; Bird & Rieker, 2008; Needham & Hill, 2010). Therefore, biological, psychological and social gender differences interact.

Older women's needs are unique in terms of their over representation in part-time roles, discontinuous career trajectory, family commitments, social norms around the female role and gendered discrimination around ageing. According to Walker et al., 2007 cited Payne and Doyal (2010, p.174) "gender is also important in shaping discrimination in the workplace including, for example, increased risks of redundancy, bullying or harassment". Gender and age present some clear public health challenges in terms of occupational risk factors, which have been shown to vary between respective male and female groups (see for example, Coughlin & Ekwueme, 2009), yet many occupational epidemiological and occupational public health research studies neglect to consider the impact of gender (Schulte et al., 2012).

In sum, there is a case for exploring gender difference, yet it is more so with older women in the workplace because they display unique characteristics in terms of their biologically (Wizemann & Pardue, 2001) and socially constructed gender roles (Payne, 2006). For example, little is understood about the relationship between menopausal status and health and wellbeing at work (Paul, 2003; Griffiths, MacLennan & Wong, 2010), although stress has been shown to interact with the menopause presenting various health risks such as increased heart rate and blood pressure (Walker et al., 2007). Risk factors, including of older women experiencing physical violence, have been shown to be higher at work (HSE, 2008 cited in Payne & Doyal, 2010) as well as accidental injury (McNamee et

al., 1997 cited in Payne & Doyal, 2010), which is higher for women aged 45-54 and 55-64 respectively than men. There has however, been little research exploring the impact of work on health specifically by women's individual needs (Payne & Doyal, 2010). The next section will consider the global, EU and UK policy context in relation to the ageing population.

### *2.2.5 The Policy Context: Global and EU Ageing Policy and Discourse*

There is an imperative across Europe to increase the labour market participation of older workers as well as the general population. In the general population, the European 2020 target is for 75% of the 20 – 64 year olds to be employed by 2020 (Europe2020, 2012;2016). However, across Europe labour market contexts have been shown to vary. For example, Edlund and Stattin (2013) cite differences in employment protection legislation, trade union density and trade union representation and their effect on indicators; job autonomy, perceived job-related stress, physical work environment, employment commitment, employment relations, unemployment risk and on-the-job training. It was reasoned that where participation and co-determination (whereby employees have a say in organisational decisions) was higher, or in 'deliberative-coordinated' countries, such as Sweden, there would be less age-related bias in employment conditions. Although this was true to an extent, Sweden followed this pattern but Denmark did not, the picture varied in relation to impacts of labour market contexts.

Across Europe, there has been a focus on 'healthy ageing' with a drive to increase the healthy lifespans of Europeans by 2020 by two years coordinated by the European Innovation Partnership on Active and Healthy Ageing. The drive aims to (European Parliament, 2015, p.7):

- enable EU citizens to lead healthy, active and independent lives while ageing;
- improve the sustainability and efficiency of social and health care systems;

- boost and improve the competitiveness of the markets for innovative products and services, responding to the ageing challenge at both EU and global level, thus creating new opportunities for businesses.

Worldwide, public health policy has also responded accordingly to the needs of an ageing population. Well over a decade ago there was a drive to reconceptualise ageing as ‘active ageing’. For example, in 2002, the WHO published the report ‘Active Ageing: A Policy Framework’, which conceptualised active aging as the “process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2002, p.12). The emerging terminology of ‘active ageing’ as opposed to the previous terminology with ageing seen as disengaged and dependent has been seen developing in both WHO and EU Commission discourse (Gilleard, Hyde & Higgs, 2007). For example, 'Health for the Elderly' became 'Ageing and Health' and then 'Ageing and Life-course’. In European policy two competing discourses of ageing have developed according to Moulaert and Biggs (2013). The first discourse is 'active ageing' as the promise of better opportunity to develop personally in retirement (Laslet, 1989, cited in Moulaert & Biggs, 2013). There is also a climate where adults believe there is 'more to life than work' embracing the new prosperity of the ageing population (Dowling, 2004; Halkin & Huber, 2004, cited in Moulaert & Biggs, 2013). A second more ‘productivist’ discourse has come from the OECD (2006) in the ageing and employment policy, 'Live Longer, Work Longer' and is now echoed in EU (Ilmarinen, 2012) and indeed UK policy discussion (Weyman et al., 2012).

The merits of the current research in relation to discourse in the EU and worldwide policy are in identifying the potential beliefs or systems of beliefs not only in policy but also through speaking to individuals within workplaces. Here, the idea of having a critical awareness of the policies and practice is important to maintain especially in relation to

designing and developing the approach to the current research. In addition, researchers have outlined the benefits of focusing on the 'normal' versus 'professional' discourse of ageing (Fairhurst, 2005) so ensuring that older workers' voices are heard qualitatively are paramount to the present research.

To summarise, recent sociological conceptualisations (Phillipson, 2013, 2015) of the ageing discourse have theorised the global phenomenon of responses to the ageing population as:

- Welfare State Ageing (1950s-1960s) whereby mandatory retirement and state pensions as well as occupational benefits were the general consensus
- Active Ageing (1990- ) whereby extended working lives are conceived as well as engagement in unpaid activities to lead a healthy and independent ageing life
- Precarious Ageing (2008-) whereby the collapse of secure labour markets and the subsequent widening of intra-cohort inequalities lead to a reduction of rights and a dismantling of the welfare state.

Therefore, there are a number of policy level drivers at a global level (see for example, WHO, 2014) and EU level (see for example, Europe2020, 2012) in response to the challenge of EWL. These can be examined in terms of the changing discourse, usefully summarised chronologically above, moving from 'Welfare State Ageing' to 'Active Ageing' to now 'Precarious Ageing', which is seen as widening inequalities underpinned by reduced rights in terms of rights to retirement and pensions. The next section will consider the UK policy context.

### *2.2.6 UK Policy and Practice: a brief summary*

There is a prevailing old age dependency ratio (UN, 2013; 2015) and public health challenge for the UK, which requires a subsequent policy response. An OECD (2012;2015b) comparison of countries' data of employment participation rates of workers aged 55-65 put the UK at around mid-point, at just under 60% in comparison to countries such as Sweden and New Zealand whose employment rates exceed 70%, highlighting the

scope for action in the UK (OECD, 2012). The UK government has however made attempts to address the issues since the 1990s. Responses in the UK to the challenge in relation to older workers and the subsequent challenge of EWL can be highlighted in terms of a number of a number of policy developments. This includes the introduction of a voluntary workplace Code of Practice on Age Diversity (Department for Education and Employment (DfEE), 1999), the 'Age Positive Campaign', which aimed to change employers' negative attitudes towards both younger and older workers, as well as promoting the business benefits of a mixed age workforce (DWP, 2001) and promotion of 'age diverse' workforces based on the supporting business case for this (DWP, 2002). Further policy developments occurred firstly in 2006 when the Employment Equality (Age) Regulations were launched to strengthen older workers' rights (DWP, 2006) and in 2011 where the Equality Act (2011) was pivotal in enshrining the 2006 regulations in law and increasing age diversity within HR policy in the workplace and employer accountability. Finally, more recent policy developments were the removal of the Default Retirement Age (DRA) in 2011 (DWP, 2011) so that older workers were able to work for longer if they chose to and a rise in SPA to 67 for both men and women by 2028 (DWP, 2014a). This process was speeded up from the 2011 Pensions Act with the amended 2014 Pensions Act by 8 years (DWP, 2014a) and the introduction of pensions auto-enrolment in 2013 and recent changes to the ability to draw lump sums on pensions (DWP, 2014a). Further, a recent government review by John Cridland into state pension ages in the UK has recommended an increase to 68 years between 2037 to 2039 (Cridland, 2017).

Taking a workplace policy focus on the ageing population has highlighted the need to define a vision of the sorts of HR practices that both encourage and discourage extended working lives (Weyman et al, 2012). Despite there being Age and Diversity in

Employment voluntary codes of practice (DWP, 1999), as well as the Employment Equality Regulations (2011), in 2012 Weyman et al. highlighted that these needed to be strengthened with public health policy in terms of EWL. In June 2014, the UK government launched 'Fuller Working Lives: a framework for action' aimed at engaging employers specifically to tackle the ageing workforce and early labour marker exit and additionally carried out a survey of employers' attitudes to Fuller Working Lives in 2015 (DWP, 2014b). However, this key policy document has been criticised for its use of the USA's National Bureau of Economic Research (Gruber & Wise, 2004) because evidence for reducing pension entitlement in order to reduce worklessness in older people is "funded by vast corporate donations channeled through neoconservative think-tanks" (Macnicol, 2015, p.13) and thus raises questions around the reliability of the conclusions of such research. Macnicol (2015) argues that the use of this research also illustrates that in fact the historical conservative political agenda, dating back to the opposing forces of The Poor Law Commission (1834) and earlier. This has influenced through the elite classes, the modern neoliberal ideals of the "free market, libertarian ideas ostensibly supporting a minimalist state, the primacy of the deregulated market, the desirability of private provision of goods and services, the sanctity of individual liberty and so on" (Macnicol, 2015, p.14) by normalising the idea that reliance on a state pension should be reduced using poorly sourced evidence.

Policy responses in the workplace have not escaped criticism from other sources. Research based on talking to various participants within trade unions has demonstrated a tendency for ageing policy responses to be "shaped and constrained by institutional frameworks and tempered by societal expectations formed beyond the workplace" (Flynn, Upchurch, Muller-Camen & Schroder, 2013, p.59). The Trade Unions Congress in the UK

has been active in protecting pension rights and dismantling barriers to working such as the DRA and improving workplace rights in areas such as flexible retirement (Flynn et al., 2013). The Confederation of Business and Industry, in contrast, has taken a 'deregulation agenda' regarding the ageing workforce, ultimately campaigning for government to give workplaces the power to apply their own rules to ageing workforce policy (Flynn et al., 2013).

Nevertheless, regarding policy and progress around ageing in the workplace and addressing the issue seriously for society to progress, some progress has been made, although the agenda that is it built on is not without criticism. For example, criticisms of policy implementations have been identified as in lacking substance around tackling underlying social inequalities that exist in the UK (Macnicol, 2015). In July 2014, Ros Altman, an Economist and Pensions expert, was appointed as an older workers' champion to be responsible for providing a strong voice for the ageing workforce (DWP, 2014b). In March 2015, Altman published a report to the government entitled 'A new vision for older workers: retain, retrain, recruit' with life-long learning at the centre of the future approach of supporting an ageing workforce (Altman, 2015). This report was based on a modest sample (n=2,000) of retired and non-retired older workers, and reveals that traditional views of retirement are changing, and urges the eradication of discrimination during the recruitment process, where often wording such as 'recent graduate' or 'energetic' discriminate against older workers applying. Altman (2015) also calls on government to fund a major national 'Age Confident' project and communication campaign, modelled on the success of 'Disability Confident'. This campaign, it was suggested, should highlight the business and economic case for ensuring older workers are in the labour force and aim to break down barriers, such as stereotypes. The report also states that 15% of workers

want to extend their working lives, however does not make comparisons by social demographic indicators such as occupational level, income or gender.

'Foresight' Government Office for Science programme, produced a report in March 2015 on 'Workplace Infrastructure' (Buckle, 2015) focusing on older workers. This report presented the case for looking at the ergonomic environment and provided key areas for development for employers. Although no compelling evidence for infrastructure change was found in the review, the need for more research was highlighted. The review produced the following key findings:

> Older workers are considered valuable employees because of their knowledge, skills and experiences; managing an ageing workforce requires additional training to maximise the potential and contribution of older workers; older workers will need appropriate motivation to retain them in employment; programmes are required to enable managers to gain these skills; such programmes are available in other EU countries; physical and psychological work demands on older workers frequently exacerbate existing conditions or lead to ill health; improved design of work systems, including equipment and the organisation of work, should make use of the existing extensive knowledge base of the needs and capacities of older workers.
>
> (Buckle, 2015, p.5).

The Workplace Infrastructure report went on to state that sector-specific policy is needed because: 'the modelling of the workforce for 2025 and 2040 is generally poor. Until this is addressed, assessing the needs of older workers and prioritising resources will remain speculative' (Buckle, 2015, p5). A consideration of workplace facilitators to EWL will also include ergonomic factors and workplace adjustments and can be found in section 2.4.6. As highlighted by John Macnicol (2015), these policy responses have been criticised for their neoliberalist roots and for crucially failing to recognise the social inequalities in retirement differences by region. For example, the overall employment rate in the working population in the UK is 64.5%, which breaks down to 70.2% in the South East, 67.0% in

the South West, and 66.8% in the East, while the rate is only 62.4% in the North West and 59.7% in the North East (DWP, 2010, cited in Macnicol, 2015).

In terms of the impact of policy responses on the ageing population's perceptions of EWL in practice in the UK, two surveys will now be considered. Firstly in 2004, a survey of almost 3,000 individuals found that although most people understand UK demographic trends, fewer than one in five were willing to contribute more than two per cent extra in tax or National Insurance to pay for the costs of an ageing society (Personnel Today, 2004).

From another perspective, a more recent report (CIPD, 2015) based on a survey of 2,255 working adults, across all industrial sectors showed that whilst the average employee pension contribution to a workplace-defined contribution pension scheme is currently five per cent, the majority of employees think they should be saving closer to double this figure. The report highlighted however, that there is still a shortfall between what employees should be and what they actually are paying in. This is pronounced by the fact that over half of UK workers have considered extending their working life past SPA. The report (CIPD, 2015) concluded that one in ten people were worried that they would never be able to afford to leave paid employment. Finally, the survey found that nearly two thirds of older workers have considered working beyond SPA in some way and of those almost half would do so in a permanent role, but 16% of the entire sample would prefer part-time rather than full-time positions (CIPD, 2015).

In sum, for employers and employees there are a number of organisational and societal level policy factors, which affect the emerging discourses surrounding the ageing workforce. The next section will look at retirement theory to give an underpinning of the

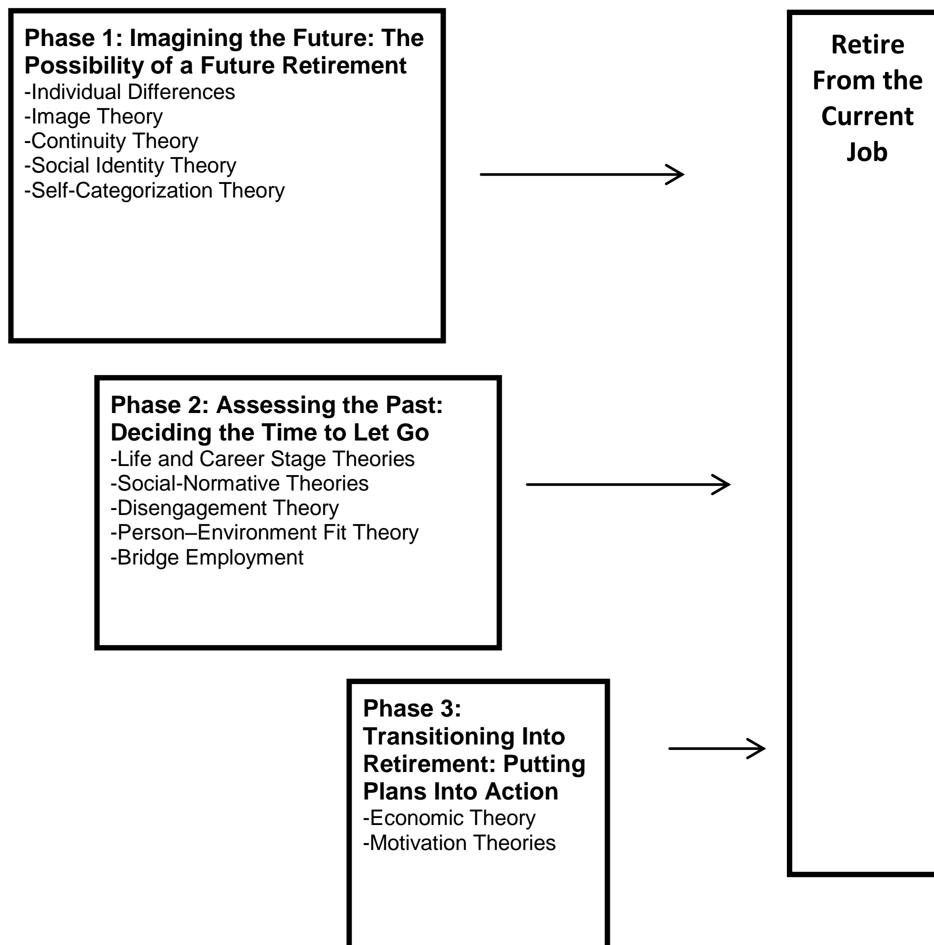
theoretical concepts that influence people's decision to retire before assessing both the barriers and facilitators to EWL.

## 2.3 Retirement Theory

### *2.3.3 Background*

This section will explore retirement and some of the theoretical explanations underpinning the concept, in terms of the retirement decision making process, which are displayed in figure 7 below. The 'three phase model' of retirement, as conceptualised by Feldman and Beehr (2011), (Figure 2-6) will be used as a framework to discuss the psychological theories that apply to each stage of the model (e.g. image theory) and the limitations of these theoretical approaches will be considered.

Figure 2-6 Diagram to show Theories Commonly Used to Understand the Three Phases of Retirement Decision Making (Feldman & Beehr, 2011)



There are three phases to retirement according to the above model:

- imagining the future;
- assessing the past
- putting plans into action

Retirement is popularly defined as “the exit from an organisational position or career path of considerable duration, taken by individuals after middle age, and taken with the intention of reduced psychological commitment to work thereafter” (Feldman, 1994, p.287). Researchers who have focused on retirement decision-making have asserted it is a process occurring over time and is not finished for many years after the actual retirement point (Atchley, 1971; Kasl, 1980; Beehr, 1986, cited in Feldman and Beehr, 2011). Research has concentrated on both the effects of retirement from the perspective of the individual, as well as the organisational and the wider socio-psychological and environmental factors leading to retirement and theory has been developed around conceptualising the motivation to retire (Beehr, 1986; Feldman & Beehr, 2011; Kanfer, Beier & Ackerman, 2013). In retirement research, the terms ‘push’ and ‘pull’ factors have been used to describe factors inducing labour market exit (Shultz et al., 1998). Retirement push factors are defined as negative factors leading to an early retirement such as poor health or lacking job satisfaction, whereas pull factors are positive scenarios encouraging older workers towards retirement such as pursuit of leisure activities or volunteer pursuits (Shultz et al., 1998; Wang, 2012).

Before discussing the concepts from the model along with the stages in turn, a general discussion of the impact the model assumes at retirement, as well as a critique of the model, will be outlined. In relation to the phases in the model outlined, there are a number of theoretical explanations for the retirement decision-making process that focus

on the experience of retirement having little or no effect on an individual's life, as well as the dynamics affecting the outcome and process. In respect of the impact that retirement had on the individual, 'continuity theory' (Atchley, 1989) assumes there is no effect and things stay the same at the point of retirement. This is similar to the 'little effect' approach, which asserts that people who have retired endeavour to continue the same sorts of activities that they pursued during middle age (see for example, Havighurst, 1963 cited in Feldman & Beehr, 2011). Whereas, the contrasting 'crisis theory' or 'large effect theory', assumes a detrimental effect of retirement on quality of life (Bell, 1978-79 cited in Feldman and Beehr, 2011) and, finally, there is the viewpoint that assumes that retirement brings on a new lease of a 'third life', being free from employment and being able to take on new opportunities for personal development (see for example, Laslett, 1991). These theories and their application will be discussed in the following sections, in terms of both their merits and limitations in explaining the retirement process.

Before an appraisal of theory in relation to retirement, it is important to note that the 'three phase model' framework is not one without criticism. Specifically, while a key advantage of the model is that there is a recognition of a lengthy process to the decision-making model of retirement over the life-course, the model has been criticised for presenting the process as overly rational (see for example, De Preter, Van Looy & Mortlemans, 2013). In addition, according to life-course theory, an in depth explanatory model of retirement transitions should also include the factors affecting EWL, as well as the push factors for labour force withdrawal (Hofacker, 2010; De Preter, Van Looy & Mortlemans, 2013). The existence of both push (towards labour force withdrawal) and pull (toward EWL) factors underlines the lack of emphasis of retirement transitioning models on overarching societal factors (e.g. the impact of an ageing population and increases in

SPA) and the health impacts or inequalities that mitigate choice in the decision-making process. Lastly, from an overall perspective, public health researchers cite that the advantages of stage models are their ability for splitting people up into subgroups useful for guiding interventions and this can be applied to this model (Schwarzer, Lippke, & Luszczynska, 2011). However, the phases in this model overlap, so could be described as a continuum model, which has been criticised for being too general to design interventions (see for example, Schwarzer, Lippke, & Luszczynska, 2011).

It could be argued that the terminology of the three-phase model around transitioning in to retirement, suggests that the process is linear rather than fluid, and for this reason, it could be argued that the model neglectful of the instances where people go back to work and indeed extend their working lives. For example, some researchers recognise that retirement is not an absorbing state and cite the phenomenon of 'unretirement' where after a period of full retirement an individual goes back into paid work (Corna, et al., 2016). The three-phase model does not account for this phenomenon. A contribution of the current research to the knowledge bases lies in identifying the enablers and inhibitors to those individuals who choose to 'unretire' or EWL. This will be explored further in the following sections 2.4 and 2.5.

An alternative to the terminology used in the 'three phase model' of retirement comes from an Australian study (Cobb-Clark & Stillman, 2009). This study used the responses from 13,000 middle-aged individuals about retirement to classify individuals expressing their retirement intentions into four subgroups:

- Those with uncertain plans
- Those who do not plan to retire
- Those who have delayed retirement planning
- Those who have reported an expected retirement age, who are referred to as individuals with 'standard retirement plans'.

These categories are useful for outlining the limitations of a phase model of retirement, in that it is not only overly linear, but also assumes logic in retirement decision making and there is a lack of emphasis on patterns of EWL. Nevertheless, the three-phase model is useful for conceptualising retirement and will now therefore, be explored using the stages to organise the theoretical discussion.

#### *2.3.4 Imagining the Future: The Possibility of a Future Retirement*

There are a number of theoretical explanations surrounding how we imagine the future of retirement and the possibility of retirement, based on our expectations and individual differences. 'Little-effect theory' or 'continuity theory', as discussed in the background section 2.3.3, can be applied to 'image theory', which argues that when people retire they are motivated to keep a positive self-image over time (Beach & Frederickson, 1989 cited in Barnes-Farrell, 2003; Feldman, 1994; Schlossberg 2003, 2009; Wang & Shultz, 2010). Here individuals view themselves the same as they saw themselves prior to retirement. In a study of older workers, Brougham and Walsh (2007) found that where participants viewed retirement as being incompatible with 29 goals for the future, such as health, religion, and social life, there was less chance of retiring at traditional retirement age. Further, the 'image theory' approach based on these subjective expectations, appears to be supported by empirical research (see for example, Beehr & Nielson, 1995) and is linked to decisions to take 'bridge' employment and part-time work as a transition compatible with their self-image (Atchley, 1989; Wang, Zhan, Liu, & Shultz, 2008). However, the self- image based approach lacks detail of social influences (Feldman & Beehr, 2011).

Other theoretical explanations encompassing social influences for imagining retirement include social identity theories and the self-categorisation phenomenon of

ageing (see for example, Desmette & Gaillard, 2008). Social identity as a concept was first introduced by Tajfel (1972) as "the individual's knowledge that he belongs to certain social groups together with some emotional and value significance to him of this group membership" (p.292) and this was further developed to social categorisation where "social categorization produces prototype based depersonalization of self and others and, thus, generates social identity phenomena" (Hogg & Terry, 2000, p.123). Here older people approaching retirement can be seen as viewing themselves as old in relation to their colleagues, eventually becoming part of the 'older and retiring' social group, which consequently influences the decision to retire. The next section explores how these expectations and social influences contribute to the retirement decision making process.

### *2.3.5 Assessing the Past: Deciding the Time to Let Go*

There are a number of theories that explain the process of assessing the past, decisions to let go of working life and the impact of retirement on individuals, as discussed in the background section. Firstly, in terms of the impact of retirement on individuals, the 'crisis theory' or 'large effect theory' have been explained by 'disengagement theory', which (see for example, Atchley, 1977; Tissue, 1968 cited in Feldman & Beehr, 2011) asserts that when individuals retire they withdraw from their place and role within society and become inactive. However, this view has been criticised for being overly bleak in its view of retirees (Nimrod & Klieber, 2007). This approach also asserts that withdrawal takes place due to the individual having no meaningful role or positive 'script' in life after retirement (Moen, Huang, Plassmann & Detinger, 2006). While this does point to a very negative outlook, an argument for this may indeed stand in some cases whereby the individual's life is embodied in their work, yet it does not account for other variables of individual's personal beliefs, life events and so on. Whereas, consistency theory as discussed in the previous section (see for example, Bell, 1978-79 cited in Feldman &

Beehr, 2011) takes into consideration the mediating effects of the extent to which expectations are met and whether or not dissatisfaction occurs as a result of them not being met.

Person environment fit theory (Feldman & Vogel, 2009; Vogel & Feldman, 2009) succeeds in explaining retirement decision making so far as to assume that when making the decision to retire, a person evaluates the gap between their skills and their current role and position within the workplace. For example, older workers have been shown to demonstrate declines in cognitive and physical abilities, although they can be mitigated against (discussed in section 2.2.3.1) (Kanfer & Ackerman, 2004). Organisations also change over time in terms of older employees realising a sense of misfit between themselves and their environment (Feldman & Beehr, 2011). On the other hand, social normative theory accounts for retirement as a normal process resulting from social dynamics, which occurs as a result of an employee's own view of themselves in relation to others (see for example, Cleveland & Shore, 1992; Lawrence, 1988), their life and career stage (see for example, Post, Schneer, & Reitman, 2013) and in relation to the social norms that exists about appropriate retirement age (Desmette & Gaillard, 2008). This can also be extended to whether or not the individual views themselves as a poorer performer as a result of their age and the consequences for their social normative beliefs (Barnes-Farrell, 2003). In sum, dependent on whether the social environment conveys a negative, positive or mixed outlook on retirement this will impact whether individuals feel they want to extend their working life or indeed take on bridge employment. In turn, this impacts on the ability to EWL and underpins the research questions in terms of exploring how the social environment acts as a potential enabler or inhibitor of EWL, also by gender and job type.

### *2.3.6 Transitioning Into Retirement: Putting Plans Into Action*

Finally, there are a number of theoretical underpinnings to the nature of how actions are implemented after a period of retirement decision making and planning. For example, the 'approach-avoidance theory' (Feldman & Beehr, 2011) involves aspects of 'self-regulatory focus' and 'investment choice theory' (Higgins, 1998; Feldman & Beehr, 2011). Self-regulatory focus has been defined as the way in which people firstly choose goals and secondly, motivate themselves in achieving these (Higgins, 1998). The approach motivation and avoidance motivation system has been widely recognised in respect of behaviour change in people (Gray, 1990; Lewin, 1935, cited in Feldman & Beehr, 2011). Approach motivation is based around the idea of people having strong impulses to pursue stimuli; whereas avoidance motivation is based on people having a strong tendency to avoid stimuli; here it has been asserted that people who tend toward avoidance motivation tendencies are most likely to retire to avoid situations bringing conflict and incompetence (Elliot & Harackiewicz, 1996; Elliot & Thrash, 2002).

Regarding the impact of retirement on health and wellbeing, the human capital model predicts that retirement causes a reduction in investment in health (Galama & Kapteyn, 2011; Grossman, 1972). This is based on a need to improve earnings and job productivity being absent in later years (Grossman, 1972). However, investment efforts in health are said to be dependent on the perceived benefits of time, so if the perceived benefits exceed the perceived costs, individuals will invest more (Becker, 1965, cited in Feldman & Beehr 2011). This approach equates social capital to an individual investment with a range of positive outcomes including better health that would be observed as a mid-life peak so in old age the gains would not justify the costs (Glaeser, Laibson, & Sacerdote, 2002). However, retirement may reduce the cost of time as less time is spent working,

which might induce retirees to increase their social connectedness therefore balancing out any negative incentives for investment decision making (Smith, 2010).

Other research supports cognitive approaches of ‘rational-economic’ and ‘motivational-instrumental’ processes, which theorise rationality through motivators such as financial drivers (Herrbach, Mignonac, Vandenberghe, & Negrini, 2009; Kim & Feldman, 1998, 2000) behind retirement decision making (Becker, 1965; Gordon & Blinder, 1980 cited in Feldman & Beehr, 2011). Feldman and Beehr (2011) outlined a range of motivators e.g. those concerning the benefits associated with continuing work such as status, social support from colleagues, accomplishment and job satisfaction dictate the complex decision-making process at the final stages of retirement (see for example, Jahoda, 1981; Brougham & Walsh, 2005; Paul & Batinic, 2009). In addition, benefits of retiring include satisfying social relationships, more time to spend with spouses, children and grandchildren, a greater involvement in hobbies and leisure pursuits, as well as low stress (Schlossberg, 2003, 2009; Freize, 2011; Reeuwijk et al., 2013). The net benefits of working versus not working thus ultimately determine the retirement decision process, which occurs on a cognitive level.

To summarise, a model conceptualising the theory as discussed in the literature review is Feldman and Beehr's (2011), which is a diagram to show theories commonly used to understand the three phases of retirement decision making. Retirement theories have applications to EWL in respect of the 'push' and 'pull' factors that exist drawing people towards retirement in a negative or positive way, respectively (Shultz et al., 1998). For example, the extent to which older workers are valued in the workplace could be, if negative stereotypes exist about older workers, classed as a factor that can push people towards feeling the need to retire. This draws on social identity theory (e.g. Desmette &

Gaillard, 2008; Taijfel, 1972), which is useful when discussing EWL in respect of the perceptions of colleagues about older workers. A range of other theories such as rational-economic mechanisms and health capital drivers, suggest that motivators to retire or EWL are accumulated across the life-course in respect of pension provisions and investment in health. In sum, there are a number of psychological models encompassing a range of life-course factors impacting on retirement choices over a considerable period of time. However, many of the psychological models discussed do not take into account the lack of control in respect of involuntary retirement for health reasons, nor do they discuss the interacting effects of social factors on health, such as social inequalities in health gradients (see for example, Marmot, 2010). A critique of Feldman and Beehr's model is that it is overly rationale and linear in its view of retirement decision making (De Preter, Van Looy & Mortlemans, 2013). As discussed, in reality many older workers 'unretire' (Corna, et al., 2016), going back to work after retirement and this model doesn't account for this. Further, social inequalities exist whereby the model assumes that older workers make a rational choice about retirement and the findings of Phase Two suggest there is in fact a financial necessity to EWL in many cases.

The next section will explore the barriers to EWL. Health is the biggest cited factor as a barrier to EWL and will be discussed along with a range of other barriers. The facilitators will then be presented within the proceeding sections, in order to make an assessment of what needs to occur or change in order for people to work for longer.

## 2.4 Barriers to Extending Working Life

### *2.4.3 Overall*

This section will explore the factors that inhibit people to work for longer or the factors inducing early retirement, which can be arranged into a number of headings

including health, social, workplace and financial factors. According to an EU assessment of pension reforms on older workers' participation rates, individual participation decisions are influenced by a variety of factors including 'social factors' in terms of social roles of for example older women, 'demographic factors' in regards of factors such as declining fertility rates for example, and 'institutional factors' such as changes in the financial incentives for extended working life (EWL) and retirement benefits (Arpaia, Dybczak, & Pierini, 2009). For the purpose of this section, the barriers and facilitators to EWL will be organised using these headlines, but in addition, using broader themes of 'financial and pensions' and 'organisational' factors and the overarching additional factor of 'health and wellbeing', a key barrier to EWL emerging from the literature.

### *2.4.4 Health and Wellbeing as a Barrier to EWL*

Poor health is the most frequently cited push factor for retirement or barrier to EWL and healthier people are found to retire later (Humphrey et al., 2003; McNair, Flynn, Owen, Humphreys, & Woodfield, 2004; Phillipson & Smith, 2005; Loretto & White, 2006; Larsen, 2008; Porcellato et al. 2010; Brown & Vickerstaff, 2011; Rice, Lang, Henley & Meltzer, 2011; Aranki & Macchiarelli, 2013; De Preter, Van Looy & Morlemans, 2013; Weyman, Meadows, & Buckingham, 2013; Hofacker, Schroder, Li & Flynn, 2016; Solem et al., 2016). However, it is important to recognise that the decision to retire is also influenced by health-related and financial factors (discussed below) such as social insurance schemes, including disability benefits, which have been found to "significantly increase flows out of employment" (Aranki & Macchiarelli, 2013 p.18). In a UK study, Rice et al. (2011) found that ill health was a predictor of retirement and specifically, that older workers displaying depressive symptoms or mobility problems (particularly leg pain) were more likely to retire early. In fact, this is of concern, given that

generally across all ages, there has been a 22% increase in stress, depression and anxiety in UK workforces from 2010/2011 to 2013/2014 (HSE, 2015).

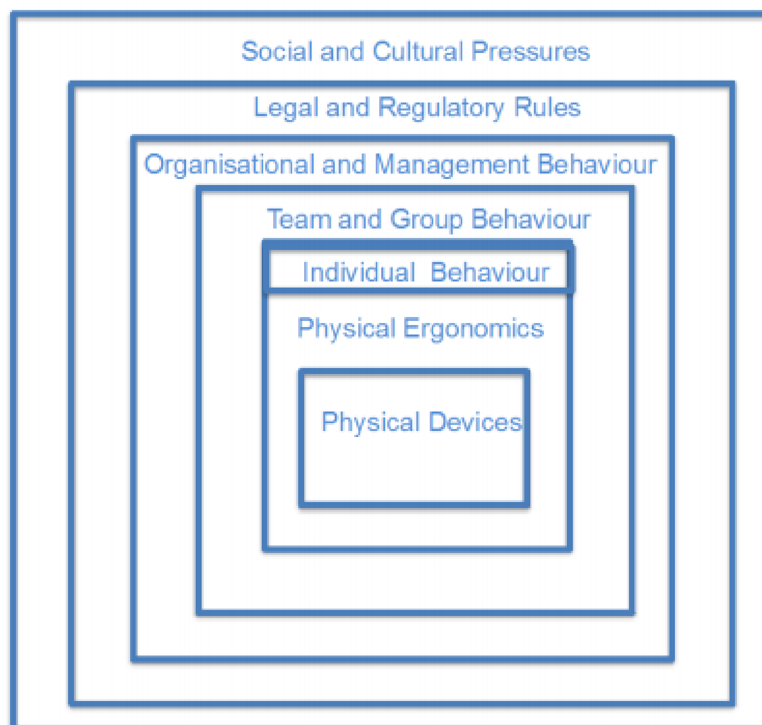
According to de Wind et al. (2013, p.7) poor physical or mental health influenced early retirement through four different pathways:

- persons felt unable to work at all due to health problems,
- poor health resulted in a self-perceived decline in the (future)ability to work,
- employees were afraid of a further decline in health,
- or employees with a poor health felt pushed out by their employer, although they themselves did not experience a decline in their ability to work.

There are a number of workplace and social factors negatively impacting on health. For example, Brown and Vickerstaff (2011) found that a wide range of factors including perceived job satisfaction, pressures from work, caring obligations, and financial pressures affected the subjective experience of health. Moreover, those in lower socioeconomic groups tended to show health pessimism, which predicted retirement (Brown & Vickerstaff, 2011). Ill health is particularly pertinent in certain occupations for example, strenuous occupations (Banks & Casanova, 2003; DWP, 2014b; Haukenes, Mykletun, Knudsen, Hansen, & Mæland, 2011; Ilmarinen, 2012), shift work (Harris & Higgins, 2006 cited in Yeomans, 2011; Tuchsen et al., 2008), in unfavourable ergonomic and physical environments (Haukenes et al., 2011), for example, the retail industry where there are risks of developing chronic venous insufficiency and musculoskeletal pain (International Labour Organisation (ILO) (2011) and amongst people in lower social classes who are more likely to be employed in routine occupations (Radl, 2013). The need for workplace adjustments is established across Europe over a number of occupations, but a recent study exploring workplace adjustments in relation to chronic sickness absence found that the need for workplace adjustments was higher than their actual implementation (Boot et al., 2013). Figure 2-7 shows an ergonomics model, which takes a holistic approach to assessing the

work environment for barriers (Moray, 2000). Here at the centre of Moray's model are physical devices and physical ergonomics in terms of the material environment of work at the centre, which are influenced by the team and organisational behaviour, as well as legislative and cultural factors.

Figure 2-7.Ergonomics model (Moray, 2000)




The idea of certain workplaces and certain work being particularly hazardous for productivity was discussed in section 2.2.3.2, so for a fuller discussion on these barriers see this section. In the current section, the particular issues for the retail context and health impacts alone are highlighted, and will also be explored further in the section 2.5 entitled '*Facilitators to Extended Working Life*'.

A review by Crawford et al. (2010) recommended that a range of ergonomic factors should be introduced to improve the health and wellbeing of older workers. For example, if shift work was necessary, shifts should be designed using good ergonomic

criteria, limiting night work for employees aged over 45, and providing for older workers to prioritise to transfer to day work and have a choice of preferred shift. Further factors included reducing their workload, shortening working hours and/or increasing rest periods, providing more frequent health checks, proper counselling and training on coping strategies concerning sleep, diet, stress management and exercise. A limitation highlighted in this review however, was that a lack of evidence was available regarding interventions to reduce self-reported instances of MSDs and stress, anxiety and depression of older workers and this is also mirrored in a later review (Buckle, 2015).

There is a paucity of literature exploring the impact of work on health specifically relating to women's individual needs, such as the impact of menopause on work (Payne & Doyal, 2010) and the role of gender in combination with age (Griffiths et al., 2010; Vandenberghe, 2013). Where literature does exist however, it highlights a range of health risks that impact on women to a greater degree than their male counterparts, but equally that men show other health risks (HSE, 2008, cited in Payne & Doyal, 2010; Lunau, Wahrendorf, Dragano & Siegrist, 2013). For example, in terms of risk of health-related retirement, Buxton, Singleton and Melzer (2005) found that numerous health problems including mental health were significantly more common in early retired men compared to those in the labour force, yet only arthritis and rheumatism, heart and circulatory complaints and digestive system complaints were significantly more common in early retired women. Additionally, older men have been shown to have higher rates of social isolation and mental ill health than older women (Beach & Bamford, 2014; Buxton et al., 2005). Similarly, in respect of health issues pertinent to the older workforce, Porcellato et al. (2010), in their qualitative study, found that male older workers in the North West of England experienced disproportionate levels of stress than females. However, Tuchsen

(2008) found that female shift workers had more chance of becoming recipients of disability pension after controlling for a number of variables including health and socio-economic status, compared to males. However, the picture is complex due to labour market segregation resulting in the traditionally female sectors of employment, such as health and social care, education, or catering (Payne & Doyal, 2010), resulting in women being more likely to be in low social status (Radl, 2013) demanding jobs that offer lower levels of job control (Griffiths, et al., 2010), or opportunities for flexibility (Payne & Doyal, 2010).The nature of women's work will be considered in more detail in the next section along with the other social factors affecting extended working life by gender.

### *2.4.5 Social Factors as Barriers to EWL*

A wide range of social factors influence individual decisions in respect of participation in the labour force (Arpaia, Dybczak, & Pierini, 2009; DePreter, Van Looy & Mortlemans, 2013; Larson, 2008; Micheel, Roloff & Wickenheiser, 2011; Nicolaisen et al., 2012; Porcellato et al., 2010; Reeuwijk et al., 2013; Solem et al., 2016; van Solinge & Henkens, 2014). These factors include a range of individual factors, such as social and leisure activities, caring responsibilities, partner status, educational or occupational level, or social class, but also interdependent and overarching interpersonal and macro level factors, such as social and structural norms, including gendered differences to work. These will now be discussed along with the evidence.

Firstly, in respect of social and leisure activities, in a Dutch qualitative study predominately involving male participants the desire to do things away from work as seen as a push factor into retirement (Reeuwijk et al., 2013), whereas in Norway volunteering was shown to be a driver to EWL in women (Nicolaisen, Thorsen & Eriksen, 2012). Next, there are also a number of care giving responsibilities that act as a social barrier to EWL

(Porcellato et al., 2010; Reeuwijk et al., 2013) including spending more time with grandchildren (DePreter, Van Looy & Mortlemans, 2013) and taking care of a family member or friend (Frieze et al., 2011; Reeuwijk et al., 2013). Marital status is also an influencing factor, although the evidence is not conclusive. One UK study found that married or cohabiting older adults were more like to be in employment than those with no partner (Whiting, 2005), whereas a number of other studies across Europe found being that married people are less willing to EWL than unmarried people (Micheel, Roloff & Wickenheiser, 2011; Nicolaisen et al., 2012; van Solinge & Henkens, 2014). Rice et al. (2011) also found in their UK study that retirement of a partner, among other factors predicted retirement. Finally, Leenders and Henkens (2010) found that a higher reported quality of marriage indicated stronger retirement intentions.

Educational and occupational level and social class are further micro level factors that are also influenced by macro level forces such as welfare and pension structure. Although higher-level qualifications do not always result in working longer (Aranki & Macchiarelli, 2010), a number of studies across European countries suggest that older workers with a higher education tend to work for longer than those with lower educational levels (Larsen, 2008; DePreter et al., 2013; Hofacker et al., 2016; Solem et al., 2016) with the exception of the UK (Hofacker et al., 2016), where increasing educational level increased chances of retirement. This suggests that lower educated workers are disadvantaged by the UK pensions system. From another perspective in a qualitative study in the UK, lack of educational qualifications prevented a number of participants from EWL by re-entering the job market (Porcellato et al., 2010). In respect of occupational status, Autor and Dorn (2009) found that occupations in the bottom and top deciles of skill distribution on average tend to work less than those with middle-skill jobs in later life.

Micheel et al. (2011) found that professional status was an indicator of EWL for women in that those with high professional roles show greater chances of plans to EWL than men. To put this into context of the type of work older workers tend to adopt, Eurostat (2015) reported that the largest proportion of those in work post 65 years old (37%) were classed as self-employed and own account workers. Finally, Radl (2013) found that social class exerted a strong influence on retirement, whereby those in lower social classes were more prone to involuntary retirement and gender differences, in respect of women retiring earlier than men, were driven by women's lower class positions.

Lain and Vickerstaff (2014) argue that focussing solely on individual factors ignores the context in which people make EWL based decisions, therefore a focus on the gendered and social context is vital. Lain and Vickerstaff (2014) showed that women are less likely than men to work past their mid-sixties. This reflects in part lower levels of employment at earlier ages, but also the way in which women's employment is influenced by their partner's career timeline (Pienta, 2003; Loretto & Vickerstaff, 2013). Yet, Denaeghel, Mortelmans and Borghgraef (2011) showed that when a large age gap exists, a reduction is seen in the likelihood of the older partner retiring because they often wait for their partner to retire. In terms of relating the social differences by gender to health, as the key factor in EWL, McGeary (2009) found that with men and women, it was not individual's own health shocks that lead to retirement, but also the health shocks of a partner. Similarly, Davey (2008) found that women were more likely than men to consider the health of family members when their partner is about to retire, and further, women were more likely to see not being able to find work and employers' policy on older workers as a barrier to EWL. However, in general more recently Aranki and Macchiarelli (2013)

found in Europe no statistically significant difference in mean retirement age regarding marital/cohabiting status across both genders.

There are a number of fundamental differences between women and men in respect of employment characteristics (see for example, Shacklock, Brunetto & Nelson, 2009) and retirement decision-making (see for example, Armstrong-Stassen & Staats, 2012; Loretto & Vickerstaff, 2013). For example, women's work is more likely to be less secure, part-time, and undervalued (EOC, 2006; Villosio et al., 2008; Eurostat, 2015b). Figures for Britain in 2013, showed that 42% of women were employed on a part-time basis in comparison with only 13% of men (ONS, 2013) and women's pay is also consistently lower than men (ONS, 2008; Fawcett Society, 2014). Women over 50 have been found to have more discontinuous employment histories than men, resulting from breaks associated with having children (Arpaia, Dybczak, & Pierini, 2009; Eurostat, 2015b). This results in women having fewer chances to climb up the career ladder, which closely relates to pension entitlements.

Females' retirement decisions are influenced by generational social gender norms (Talaga & Beehr, 1995; Loretto &White, 2006; Loretto & Vickerstaff, 2013), although norms also exist affecting both men and women in terms of negative perceptions of self and ageist attitudes as barriers to EWL (Porcellato et al., 2010). For example, norms can depend on the 'couple status' of individuals, that is whether the underlying relationships are traditional (male breadwinner – female caregiver), modified male breadwinner (where women earn, but still prioritise family demands), or an egalitarian model, where domestic and market work are shared (Loretto & White, 2006; Loretto & Vickerstaff, 2013). In practice these norms reflect on the roles that women adopt within society. For example, a recent study in America (Lumsdaine & Vermeer, 2015) reported more than an 8% increase

in the retirement of older women when a new grandchild arrived and women have been shown to take on more unpaid caring responsibilities than men (Fernandez-Ballesteros et al., 2011). In fact, across Europe, the key reasons attributed to lower participation rates by gender were mainly, with women aged 25 to 49 years old, staying at home for childcare (38.3 % of all women inactive in the labour market) in 2013, and other family or personal circumstances such as marriage, pregnancy or long vacation, (15.5 % of all women in active in the labour market) (Eurostat, 2015b). This is contrasted to the main reasons why 25 to 49-year-old men were not seeking employment, which were illness or disability (36.4 % in 2013) and participation in education or training (20.5 % in 2013) (Eurostat, 2015b). The family pressures that females face would seem to contribute to women's desire to retire early, as Loretto and Vickerstaff (2012) highlight, whilst retirement is seen as a 'reward' for working hard for both men and women, for women it is also seen a liberation from the gender contract that ties them into trying to balance paid work with care responsibilities within and beyond the home.

#### *2.4.6 Workplace Factors as Barriers to EWL*

There are a number of workplace or organisational barriers to extended working lives, both physical and psychological. In fact, it has been suggested there is a need to create an operationisable definition of the types of HR practice that encourage and discourage extended working lives (Weyman et al., 2012). Longitudinal data from the Helsinki Healthy Study found that the physical workload (exacerbated by low work control) was the primary risk factor for retirement due to disability (Lahelma et al., 2012). Similarly, in the UK, Buckle's review (2015) found that demands of physical work led to ill health, or worsened existing conditions, highlighting that currently work-based risk assessments reflect a younger working population. Psychological barriers to EWL include:

- low job control (Lahelma et al., 2012)
- lack of flexibility and choice (Loretto & White, 2006; Maitland, 2010; Phillipson & Smith, 2005; Reeuwijk et al., 2013)
- organisational change (and resistance to change in older workers) (Porcellato et al., 2010; Reeuwijk et al., 2013)
- workplace conflict (Reeuwijk et al., 2013)
- high pressure or physically demanding jobs (Larsen, 2008; Leenders & Henkens, 2010; Loretto & White, 2006; Reeuwijk et al., 2013; van Solinge & Henkens, 2014)
- lack of recognition, insufficient use of knowledge, skills and experience (Loretto & White, 2006; Porcellato et al., 2010; Thorsen et al., 2012)
- lack of training and opportunities, development possibilities and career progression (Loretto & White, 2006; Macloed et al., 2010; Porcellato et al., 2010; Thorsen et al., 2012; van Solinge & Henkens., 2014)
- organisational culture and climate (Weyman et al., 2013), including job satisfaction, whereby those in more dissatisfying jobs were significantly more likely to retire, relative to satisfied workers (Clark, Mavromaras &Wei, 2014)
- negative or ageist attitudes (Loretto & White, 2006 Porcellato et al., 2010; Thorsen et al., 2012; van Solinge & Henkens, 2014).

A systematic review by Then et al. (2013) also found in an analysis at follow-up, that cognitive abilities (memory, reasoning, vocabulary, verbal fluency) were significantly decreased in individuals who reported low levels of organisational justice, covering the concept of how fairly treated people feel in the workplace. These findings highlight the need to look at health and wellbeing in conjunction with workplace factors because they have reciprocal impact.

Further workplace barriers to EWL include negative or ageist attitudes (Age UK, 2014; Altman, 2015; Duncan & Loretto, 2004; Kadefors, 2012; Leenders & Henkens, 2010; Maitland, 2010; Porcellato et al., 2010; Weyman et al., 2013), particularly around older workers' ability to deal with the demands of a fast-paced competitive workplace (Benjamin & Wilson, 2005) as well as negative perceptions of self (Porcellato et al., 2010). There has been recent attention to the extent to which discrimination occurs in the work place, which in the EU has been is shown to be increasing (Eurobarometer 317, 2009). In fact, 58% of European respondents suggest that age discrimination based on age stereotypes was widespread in the work place (Eurobarometer 317, 2009). Importantly,

stereotypes in the workplace have been found to be malleable and therefore changeable, suggesting there is scope for change (see for example, Molden & Dweck, 2006).

There is also a gendered aspect to ageism. In a UK and Finnish comparative study, older women in the UK were more likely to experience gendered ageism and prejudice in the workplace in relation to appearance or sexuality in comparison to Finnish women (Jyrkinen, 2014). Age and gender discrimination against females has been shown to be empirically linked. For example, women report more incidences of bullying and harassment than men (Villosio et al., 2008; Walker et al., 2007). Whilst the intersection between gender discrimination and ageism is largely unexplored, its existence was recently reported by women in a qualitative study in Finland, despite the comprehensive laws relating to equal opportunities that exist (Jyrkinen, 2014). In her study, gendered ageism was found to also interact with 'lookism', i.e. women's self-presentation, bodies and looks, resulting in a 'triple jeopardy' for older women in the workplace (Jyrkinen, 2014). However, interestingly in a study of Danish employees (n=3122) "ageism, lack of recognition and lack of development possibilities' were found to be highly associated with retirement in male, rather than female workers" (Thorsen et al., 2012, p.437), although the context of this study is not comparable with conditions in the UK due to societal differences such as differences in policy and social inequalities within society. The next section will consider the nature of stereotypes impacting on ageism in the workplace.

#### 2.4.6.1 Ageing related Stereotypes in the Workplace

Workplace age stereotypes are beliefs that individuals have about older workers and their work behavior as a result of their chronological or perceived age (see for example, Posthuma et al., 2012, cited in Hertel, van der Heijden, de Lange, & Deller, 2013). Stereotypes demonstrated to exist in the workplace include the perception that older

workers are less malleable and engaged with technology as well as skills and training (Harris, Krygsman, Waschenko & Rudman, 2017; Hollywood & McQuaid, 2007; Kanfer & Ackerman, 2004 McGregor & Gray, 2002; Taylor & Walker, 1994), less able to cope with work pressures and have poorer health (Hollywood & McQuaid, 2007; Ng & Feldman, 2012). On the other hand, positive perceptions relate to reliability, loyalty and job commitment, strong work ethic and had a wealth of experience (Harris, Krygsman, Waschenko & Rudman, 2017; Harper, 2006; Hollywood & McQuaid, 2007; McGregor & Gray, 2002). However, the effect of negative stereotypes or perceptions about older workers appears to be stronger (Meisner, 2012), or at least across a broader range of areas than is the case with positive stereotypes, and in fact may be varied or even positive in some cases (Bal, Reiss, Rudolph & Baltes, 2011). Research has shown that the existence of positive 'Percieved Older Worker Stereotypes' (POWS) among colleagues can help working adults maintain promotion orientation (Bowen & Staudinger, 2012). Older workers have been shown to respond negatively, in respect of desire to EWL, to perceptions of being stereotyped at work (Von Hippel, Kalokerinos, & Henry, 2013) and perceptions of older workers being stereotyped has been found to be more negative than in reality (Finkelstein, Ryan, & King, 2013). Importantly, negative self-perceptions of ageing can be detrimental to physical health and functioning, whereas positive self-perceptions of ageing have been cited as protective (Sargent-Cox, Anstey & Lusczcz, 2012) and employees feeling old relative to chronological age have been found to experience more job-related strain (Barnes-Farrell, Rumery & Swody, 2002).

A European study highlighted the lack of attention in workplace research to social stereotypes of older workers and perceptions of individuals' career ending (Buyens et al., 2009). Retirement researchers in the United States have also highlighted a need to focus on

the social normative expectations of colleagues and friends in relation to the individual's decision-making process (Feldman & Beehr, 2011). As discussed in section 2.3 exploring retirement theory, normative beliefs have been shown to impact on the decision-making process of retirement. In fact, European research has shown that age discrimination can occur due to external social-normative beliefs about the appropriate retirement age (Desmette & Gaillard, 2008). Historically, managers have been shown to respond to shared beliefs about age, which evolved from age distribution rather than actual ages (Lawrence, 1988). Further, a study carried out in 2013 showed that higher age norms result in a higher propensity to hire an early retiree, whereas stereotypes, however, were not shown to influence managers' recruitment decisions (Karpinska, Henkens & Schippers, 2013).

A meta-analysis was carried out on the activating mechanisms of six age related stereotypes of older people using a range of international studies (Ng & Feldman, 2012). These workplace age stereotypes related to motivation, training, change and innovations, proactivity, social relationships, and health, and importantly were found to be incongruent or unjustified (Ng & Feldman, 2012). Although age related workplace stereotypes have been established to exist, research shows that older employees are not less motivated (Schalk & Van Veldhoven et al., 2010) and researchers argue that development of employees and learning-on-the-job remains a priority regardless of age (Hyde & Phillipson, 2014; McCracken & Winterton, 2006). A review carried out by Buckle (2015) highlights a dissonance in beliefs as a need for addressing stereotypes that exist in the workforce stating:

> Sedlatschek (2014) reports an opinion poll (European Agency for Safety and Health at Work, 2013) which shows that while the UK is doing better than many EU countries, with two-thirds of workers (65%) saying that work-related stress is controlled well at their workplace, half of the UK participants believe that older workers (aged 60 and over) are less able to adapt to changes at work than other workers. She further reports

> that across Europe, 4 in 10 workers believed that older workers tend to suffer more from work-related stress than other workers. Management will need to be well informed to tackle such beliefs and recognise the skills and experience of the older worker.
>
> (Buckle, 2015 p.36).

Recent UK research also suggests a dissonance in managers' beliefs about older workers' capabilities, which needs to be addressed if workplaces are to successfully harness to potential of older workers (Age UK, 2014). A review of the literature by Age UK (2014) found that employers' perceptions of older workers was often founded on misconceptions around older workers being less productive. Similarly, across Europe evidence suggests a lack of appreciation among employers around the contributions that older workers can make, which is exemplified by the need to recruit older workers and to factor in necessary adjustments (Conen, Henkens & Schippers, 2012; Imarinen, 2012). In addition, research has suggested that social and citizenship behaviours increase with age and counterproductive negative behaviours such as aggression and tardiness decrease with age (Kooij, De Lange, Jansen, Kanfer, & Dikkers, 2011; Kanfer & Ackerman, 2004; Ng & Feldman, 2008). One particular example of this dissonance in perceptions is illustrated well in a study based in Australia, whereby a large proportion of the literature has been described as reporting that in general employers are reluctant to hire individuals in their fifties and sixties, or to provide training and development opportunities to those they already employ (Martin et al., 2014).

Employers' despondence in providing opportunities for older workers is suggested to be founded on perceptual inconsistencies based on performance, productivity and ability to learn, as well as the belief that training is too short-term (Martin et al., 2014), although the research may not be reflective of the cultural and policy context within the UK. On the other hand, a Dutch study found that managers believe workers are more

productive as they get older (Van Dalen, Henkens & Schippers, 2009), as did a study by the CIPD (2011). The UK study found that managers' perceptions of older workers were improving and stereotypes were decreasing, yet their knowledge of policies in relation to older workers needed improving (CIPD, 2011). However, these survey results, focussing on the experiences of managers themselves, may not be representative of the view and experiences of older workers themselves, which is often neglected (Loretto & Vickerstaff, 2010). The next section will consider discrimination as a barrier to EWL.

2.4.6.2 Discrimination: changing age-related beliefs

There has been recent attention to the extent to which discrimination or problems occur in the work place, which in the EU is shown to be increasing (Alayon, 2014). For example, 58% of respondents suggest that age discrimination based on age stereotypes was widespread in the work place (Eurobarometer 317, 2009; Van den Heuvel & Santvoort, 2011). Although in the UK improvements have been observed (Van den Heuvel & Santvoort, 2011), recent research suggests that further improvements need to be made for older workers to be taken seriously in business settings (Age UK, 2014). Further, a UK based survey carried out by Lee Hecht Harrison Penna (cited in CIPD, 2017a) found that almost four in ten employees felt age was the most common cause of workplace inequality. A similar UK survey by Total Jobs (cited in CIPD, 2017a) found that around half of employees aged 45 years old and over believe employers are naturally aligned towards younger employees.

Interestingly, research has shown that age diversity in the workplace in itself can cause an increased risk of age related discrimination, which leads to decreased collective affective commitment and increasing turnover intentions (Boehm, Kunze & Bruch, 2014; Kunze, Boehm & Bruch, 2011). This suggests that for ageism and discrimination to be

addressed, positive age diversity management also needs to be encouraged. Further, a study of HR professionals found that ageist attitudes were negatively related to recruitment of older workers (Goldberg, Perry, Finkelstein & Schull, 2013) and earlier research suggests age discrimination can lead to redundancy (Roscigno et al., 2007; Posthuma & Campion, 2009). Moreover, perceived age discrimination has been shown to be related to lower levels of employee engagement among workers of all ages (Boone James, McKechnie, Swanberg & Besen, 2012).

Reasons for age related discrimination have also been attributed to the localised subjective norms of others such as colleagues and friends by occupation type e.g. supervisors (see for example, Desmette & Gaillard, 2008; Harris, Krygsman, Waschenko & Rudman, 2017). However, there is a gap in the knowledge base in terms of the age-related beliefs of supervisors (Van Vianen et al. 2011) and supervisor support as assessed by employees has been shown to affect training and development willingness in older workers (Maurer, Weiss & Barbeite, 2003). As discussed earlier, ageing is positively correlated with a lack of confidence in learning new skills (Touron & Hertzog, 2004) and feeling less competent (Li, Lindenberger, Freund & Baltes, 2001), although positive POWS among colleagues have been shown to assist adults in maintaining a positive promotion orientation (Bowen & Staudinger, 2012). In fact, attitudes of older workers themselves have been demonstrated to relate to not only internal beliefs, but perceived support from others and the external beliefs or behaviours of others (Nauta, Vianen, Heijden, Dam, & Willemsen, 2009). The next section will consider work related stress and the factors that act as stressors in the workplace.

2.4.6.3 Stress, the physical work environment and workplace culture

Work related stress is defined as “the adverse reaction people have to excessive pressures or other types of demand placed on them at work” (HSE, 2017, webpage). A survey of workers in England in 2014 carried out by the DWP (2015) found that 12% of employees report mental health conditions, whereas forty-four per cent of employees reported work as being ‘stressful’ or ‘very stressful’ and this was more so in the public sector and large organisations. The report also identified an association between sickness absence and stress. Sixty-four per cent of participants stated their job was ‘not at all stressful’ reported no sickness absence, compared with fifty-one per cent of those who reported their job as ‘very stressful’. This reiterates the public health case for addressing workplace wellbeing, not only for individual wellbeing, but also for reducing sickness absence and improving organisational productivity. However, this is not a new phenomenon; stress has been studied in the work context for many decades. For example, Hochschild (1983) carried out research in a number of service industries, such as flight cabin crew members, and devised the term ‘emotional labour’ to reflect the psychological strain seen in these industries in particular, which can contribute to stress and strain and therefore potential early labour market exit.

The workplace within which the research is taking place in is a large retail organisation involving customer service, so stress in the workplace is pertinent in respect of the role that older workers carry out serving customers. Specifically, this is in relation to their ability to continue working in the retail sector because of existing stressors and perceived threats to wellbeing (often related to working with the public). Further, in the retail sector there appears to be limited opportunities for personal growth (Tuckey et al., 2016) and lack of control over their scheduling, which can cause work-life conflict (Henly

& Lambert, 2014). Front line managers have been shown to be pivotal in reducing stress at work in the retail industry in the face of pressures to deliver customer service strategy (Evans, 2016; Henly & Lambert, 2014). This is consistent with wider research suggesting having a confiding relationship at work is important for wellbeing (Bordia, Restubog, Lloyd & Tang, 2008; Weinberg, 2017; Weinberg & Creed, 2000).

Specifically, in respect of stress, a study using survey data from Sweden and the USA by Karasek (1979) found that satisfaction measures and depression indicators were positively related to 'activity level' (whereby 'active' jobs are related to high job demands and high job decision latitude). Whereas 'passive' jobs, associated with lower demands and low decision latitude, were found to be more dissatisfying, which demonstrated that low job decision latitude was related to higher mental strain. Later studies have shown that decision latitude is related to gender, whereby women shown typically lower levels of decision authority than men (Karasek & Theorell, 1990; Karasek, 1998; Theorell, et al., 2014). This could be because, as discussed in the next section 2.2.6, women's work tends to be lower skilled and lower paid as well as less secure as is the case in the retail industry (see for example, Payne & Doyal, 2010).

### *2.4.7 Financial security and pension arrangements as a Barrier to EWL or Retirement*

Income has a major impact on retirement choices, in that "the increase in real wages has been the main determinants of the long-term decline in the retirement age in industrialised countries" (Bloom, Canning & Moor, 2007, cited in Arpaia, Dybczak, & Pierini, 2009, p.6). In fact, pension wealth has been shown to be a key predictor of retirement (Larsen, 2008; Rice et al., 2011) or at least the financial opportunity to retire can be a push factor into retirement (DePreter et al., 2013; Reeuwijk et al., 2013) and financial disincentives also exist for employers to recruit older workers (Porcellato et al.,

2010). In contrast, routine workers, with lower pension entitlements and limited access to firm-sponsored retirement plans, tend to retire later, with the exception of disability cases (Radl, 2013). Similarly, “the variation in age of eligibility for social security benefits (old age, disability and/or sickness benefits) can particularly affect the sustainability of the retirement status” (Aranki & Macchiarellli, 2013, p.19). Housing characteristics have also shown to be related to chances of EWL in respect of finances, with unpaid mortgages associated with an increased chance of remaining in work post SPA, thus not have an unpaid mortgage could be inferred to act a potential barrier or facilitator to EWL (Arthur, 2003; Humphrey et al., 2003; McNair et al., 2004). Radl (2013) urges that as statutory retirement ages are lifted, pension reductions caused by early retirement should be monitored closely, stating that “the more the age of retirement per se matters for old-age pension eligibility and the calculation of benefits, the more detrimental it is for working class individuals who still frequently retire involuntarily” (p.666).

Women are particularly disadvantaged in terms of financial incentives to retirement. Women are over-represented across Europe in non-standard work arrangements, such as part-time and temporary employment: 38% of women compared to 5% of men (Van Lancker et al., 2015). These jobs are associated with an ‘hourly wage penalty’ (OECD 2008, cited in Van Lancker et al.,2015), and contribute to the risk of being poor. Further, single women in the UK and Germany reported to have higher income than continuously married women (Fasang, Aisenbrey & Schömann., 2013). The next section will consider the facilitators to EWL and what the research tells us in practice about the individual, meso and macro level differences.

## 2.5 Facilitators to Extended Working Life

### *2.5.1 Overall*

The previous section outlined the barriers to extended working life (EWL) in terms of the factors inducing retirement. This section explores the factors in practice that enable or facilitate extended working life and as identified in the previous section the biggest barrier to extending working lives is poor health. A review of the enablers for positive workplace health impact on older workers in various settings outlined factors that need addressing (Griffiths et al., 2009). These were particularly relevant to the food retail sector, including reducing late night shifts and putting in place the necessary adaptations to support EWL (see for example, Harris & Higgins, 2006 cited in Yeomans, 2011). Factors associated with reducing sickness absence include: implementing flexible hours, phased retirement, rehabilitation and return to work programmes, health promotion, training and skill development, and social support (Harris & Higgins, 2006 cited in Yeomans, 2011; Ilmarinen, 2012; Silverstein, 2008; Taskila et al., 2015; Wallin, 2016).

Despite the paucity of research around factors facilitative to EWL (see for example, Lain & Vickerstaff, 2014), studies have shown there are a number of workplace factors beneficial to older workers. For example: perceived organisational support, flexibility options, training opportunities, age management, age diversity management and life-course approaches (see for example, Wallin & Hussi, 2011). In this regard, a particular factor that may be facilitative of EWL, related to this study is the nature of the organisation i.e. that it is a cooperative. This is discussed further in section 2.5.4.1.

### *2.5.2 Health and Wellbeing at Work as a Facilitator to EWL*

In the UK (Smeaton & McKay, 2003) and the EU (Denaeghel et al., 2011), those continuing in employment post traditional retirement age have demonstrated better health

than those retiring; the extent to which this is due to good health or extended working life being healthy is unclear. However, qualitatively Loretto and White (2006) and Porcellato et al., (2010) found evidence of positive health benefits of EWL, whereby remaining in work was reported to have positive health benefits, compared to retirement, which was considered unhealthy. A more recent quantitative study exploring the longitudinal relationship between paid work beyond SPA and health took account of a range of social characteristics of those who do extend their working lives (Gessa, et al., 2016). Ultimately the study concluded that when they account for age, marital status, work history, education and previous health there is no significant benefit to health of working beyond statutory retirement age (Gessa, et al., 2016). Nevertheless, protecting people's health in the workplace is vital because ill health is a major factor for retirement, and musculoskeletal and mental health disorders account for up to two-thirds of disability retirements (Eurostat, 2013; OECD, 2010, cited in Lahelma et al., 2012). However, as highlighted earlier, the level of work disability is highly unevenly distributed by socioeconomic status, with routine and manual workers more likely to be impacted, meaning that 'occupational and public health services should put a strong emphasis on preventive measures in tackling work disability and subsequent early retirement' (Lahelma et al., 2012, p. 299). These measures should particularly target physical factors, which are generally disproportionally prevalent in this group. In this respect, the workplace should be seen as a priority setting for health promotion (WHO, 2010), and policy measures should focus on:

- Primary prevention by means of health promotion; reinforcing healthy lifestyles, counteracting unhealthy lifestyles and improving the physical work environment
- Secondary prevention by early detection and treatment of chronic diseases
- Tertiary prevention through supporting those affected by chronic disease through treatment and rehabilitation

(Lahelma et al., 2012, p299-300).

Ilmarinen (2012) suggests that policies should look at 'ageing' (as young as 45) rather than at older workers, in order to reduce the incidence of chronic disease across the life-course (i.e. prevention and early detection). A recent review of the literature in the general population (working and workless) found that building social capital within communities can lead to improvements to public health and wellbeing within an ageing population (Koutsogeorgou et al., 2014). This is consistent with the format of a Finnish study looking at the health of 40-60 year olds (Laine, Saastamoinen, Lahti, Rahkonen & Lahelma, 2014), which identified that preventing workplace bullying, promoting social support and achieving a better balance between work and family may help employees to maintain their mental health over time. This idea runs parallel to the idea that being in work is beneficial for health (Waddell & Burton, 2006) but only if it is good high quality work that provides flexible retirement options (Marmot, 2010).

Buckle (2015) states that "there appears to be remarkably limited evidence from appropriately designed intervention studies that changing the infrastructure will enhance the well-being the performance or increase the working life of older workers" (p.36). In this regard, a prior review of the literature on the effectiveness of interventions for ageing workers around EWL, work ability and productivity (Cloostermans, Bekkers, Uiters, & Proper, 2014) found only limited evidence for various workplace programmes aimed at improving health and wellbeing of older workers and EWL. These ranged from a 6-month vitality intervention with personal coaching (Strijk, Proper, van Mechelen & van der Beek, 2013) to vocational rehabilitation activities (Goine et al., 2004). Similarly to Koolhaas, Groothoff, de Boer, van der Klink, and Brouwer (2015), the review highlighted the lack of studies exploring interventions facilitating healthy EWL and suggested more research is

needed to allow evidence-based decision making of appropriate interventions (Cloostermans et al., 2014).

In the absence of evidence on older workers, McDermott et al., (2010), suggested a number of interventions that if used with older workers may benefit their health, well-being and work ability across the life-course. These included workplace physical activity interventions and those aimed at risk factors for chronic illness, such as, smoking, diet and physical inactivity. For example, looking at a physical exercise, an intervention was found to be associated with self-reported improvement in mental resources and a decrease in daily physical work strain, and after 6 months daily perceived work strain was lower among those in the intervention group of older female menopausal workers (Rutanen et al., 2014).

Whilst there is limited evidence for specific interventions to improve the health and wellbeing of older workers, there are a number of studies that suggest that health and wellbeing is implicitly related to perceptions. A systematic review found that perceptions were related to health and functioning across seven aspects of health and wellbeing: memory and cognitive performance, physical and physiological performance, medical conditions and outcomes, disability, care-seeking, self-rated health, quality of life and death (Warmoth, Tarrant, Abraham & Lang, 2016). A number of studies demonstrated a positive relationship between ageing perceptions and health status, wellbeing and quality of life (Janecková, Dragomirecká, Holmerová & Vanková, 2013; Jang, Kim, & Chiriboga, 2006), psychological wellbeing (Polverino, 2010) and health status (Kim, 2009). Those with less positive self-rated physical health tended to demonstrate more negative ageing perceptions (Jang et al., 2006; Moor, Zimprich, Schmitt & Kliegel, 2006). Therefore, negative perceptions of ageing can be suggested to be a predictor of health status. The

reviewers also highlighted that more longitudinal research was needed (Warmoth et al., 2016) but nevertheless, this research supports the notion that any intervention aimed at improving the workplace health of older workers should include a focus on perceptions of ageing and challenging beliefs about ageing.

As discussed, there is also a health need in specifically in respect of older women. A recent UK ageing societies taskforce report highlighted, that as a key priority, support and awareness around the menopause was needed to actively address to facilitate a better environment at work for older women (Almann, 2015). Most recently guidelines for employers surrounding the menopause suggest that allowing for sufficient breaks and flexibility for women was needed (Faculty of Occupational Medicine, 2017), which will be discussed further in section 2.5.3 exploring social factors facilitative to EWL.

To summarise, the measures outlined above (e.g. flexible working policies, reducing negative beliefs about ageing and physical exercise interventions) to reduce work disability could potentially have a proportionately more positive impact on females who are disproportionately clustered in part-time and shift work jobs. Moreover, key employment-related policies aimed at combatting women's poverty, could subsequently improve their health, and facilitate EWL, which will be discussed further along with the workplace facilitators for EWL in section 2.5.4. Next, the social facilitators to EWL will be discussed.

### *2.5.3 Social Factors as Facilitators to EWL*

Social factors that impact on extending working lives have been discussed in the context of barriers in the previous section 2.4. This section will explore the factors that have emerged from research exploring the key enablers of EWL, including their gendered context.

Those with health limitations in the USA and England were more likely to be in employment past age 65 if they had qualifications. The USA (Haider & Loughran, 2001) found that at age 65-67 just 16% of 'high school drop outs' worked compared with 42% of those with advanced qualifications. Similarly, a UK study by Smeaton and McKay (2003) found that men and women with no qualifications were less likely to extend their working lives. Further Smeaton and McKay (2003) found that for men, those most likely to have EWL were those with degrees, yet for women it was those with middle-level qualifications. A gender difference was also found in a study of eleven EU countries (Komp & Van Tilburg, 2010), whereby higher qualifications significantly increased the likelihood of men working, but not women. This suggests that there are different social factors pertinent to women than men. Similarly, a Norwegian study found that taking on voluntary work was facilitative of EWL in later life in females (Nicolaisen et al., 2012).

On the other hand, there are qualities to the roles that women tend to adopt that may enable them to work for longer. A study set in two UK public sector organisations (NHS and social services) (Bernard & Phillips, 2007) found that professionals who were also carers continued to work because of the importance of work to their identity, with a majority expressing a desire to continue to work even if they did not need to financially. Although this study is not wholly generalisable to other sectors, the idea that women identify in caring roles and want to continue working in this way is one worth exploring. A qualitative study carried out by Loretto and White (2005) found that the social role of work is a particular facilitator to EWL in females, which adds strength to the argument that women tend to EWL for the social value of work.

In terms of gender based enabling factors for EWL, to mitigate the challenges of balancing women's paid work with domestic responsibilities, it is recommended that

interventions should match working conditions with the reasons why individuals need to retire (Reeuwijk et al., 2013). Good quality flexible working is widely cited in the work EWL literature as a means of enabling older workers (particularly women) to spend time caring for others and maintain a satisfactory work-life balance (Aranki & Machiarelli, 2013; CIPD, 2017b; Cridland, 2017; Harper & Hamblin, 2014; Reeuwijk et al., 2013, Weyman et al., 2013). Given the complicated interactions between domestic environments and gender roles, Loretto and Vickerstaff (2013) recommend that "future research and policies surrounding retirement need to: focus on the household, not the individual; consider retirement as an often messy and disrupted process and not a discrete event; and understand that retirement may mean very different things for women and men" (p.65). Overall, Bal and Jansen (2015) argue that due to increased heterogeneity among older workers, arrangements that are individually focused and harness flexible employment arrangements will be of most benefit to the older worker. Flexible or partial retirement policies are another option to help in the transition from work to retirement, with examples seen in Cambridgeshire County Council in the UK, and the Ford manufacturing plant in Valencia, Spain (Eurofound 2012).

#### *2.5.4 Workplace Factors as Facilitators to EWL*

A number of workplaces factors that facilitate EWL have been identified in the literature in relation to improving the health of older workers. These include the physical work environment, and a number of psychosocial factors such as addressing the training and development needs of older workers. Firstly, to facilitate health at work Weyman et al., (2013) recommend monitoring demographic patterns of sickness absence and presenteeism (particularly for the 40+ age group), to gather epidemiological data on known risk factors and identify vulnerable groups by job role. This should be undertaken alongside a range of primary, secondary and tertiary interventions (as highlighted by

Lahelma et al., 2012). These include promoting a sustainable form of health promotion through 'work ability' (Ilmarinen, 2012), improving the physical work environment (reduce physical loads, rehabilitative adaptations lighting, noise levels and thermal environment), flexible working alongside addressing work patterns (for example, shift work where extended recovery periods should be offered to 45-50+ year olds, and exposure to long shifts minimised). Improvements made at the company BMW who introduced small changes such as new chairs, magnifying lenses and adjustable tables, which were found to be effective in improving productivity (The Economist, 2010). Weyman et al.'s (2013) review also highlights the importance of training and development (see also Altman, 2015; Buckle, 2015), including in managing older worker issues, together with senior management commitment to EWL issues, and formal career planning linked with staff review procedures. Finally, Buckle (2015) adds to Weyman et al's (2013) recommendations by highlighting the importance of: evaluating the impact of workplace benefits and designs for older workers; improving the evidence base for risk assessment in respect of the over 65s; and, sector specific policies, particularly where technology is changing rapidly, or where physical work demands are high.

In terms of workplace factors interacting with psychosocial processes, a number of factors facilitative of EWL have been identified in the literature. These include:

- the extent to which individuals perceives 'insider' status within the organisation; seen as a perception of belonging (Armstrong-Stassen & Schlosser, 2010; Raub, 2016)
- recognition and sufficient use of knowledge, skills and experience at work (Larsen, 2008; McPhee & Schlosser, 2015 cited in Burke 2017)
- doing rewarding work: making a positive contribution (Porcellato et al., 2010)
- support from management to EWL (van Solinge &Henkens, 2014)
- working hours' satisfaction (Larsen, 2008)
- the social role of work as a facilitator to EWL (Loretto & White, 2006).

These factors will be discussed after an overall consideration of workplace approaches to practice has been made.

As an overall strategy, work ability has also been shown to be a key facilitator of EWL in older workers (Thorsen et al., 2012) and lower work ability has been shown to impact positively intention to retire (Karanika-Murray & Baguley, 2016). Work ability is "the balance between work and individual resources; when work and individual resources fit well together, work ability is good" (Ilmarinen, 2012, p.3) and is affected by individual resources; i) health and functional capacities; ii) competence and values; and iii) attitudes and motivation (European Policy Directive, cited in Ilmarinen, 2006). Moreover, the workplace is a "complex sociotechnical system with interrelated dependencies" (Buckle, 2015, p.5), therefore interventions based on one workplace factor on its own are unlikely to be effective. 'Age Management' builds on the concept of work ability and is seen as a comprehensive approach defined as a

> consideration of age-related factors affecting both blue and white collar workers in daily leadership and management on individual tasks and work environment, so that everyone, regardless of age feels empowered in reaching both personal and corporate goals.
>
> (Wallin, 2016 p.2).

An evaluation carried out using case studies provided by the EU15 (Wallin & Hussi, 2011) classified a database of age management case studies as having one of the five different typologies:

- tackling problems of scarce resources
- decreasing work's demands
- enhancing individual resources
- intergenerational learning
- life-course approach (where age is viewed as just one form of diversity).

(Wallin, 2016 p.10)

The majority of cases studies evaluated by Wallin and Hussi (2011) were classified as intergenerational age management learning practices. A life-course approach is described as being more comprehensive (Wallin, 2016; Wallin & Hussi, 2011) and the strengths of a life-course approach include:

- awareness of organisation's age structures
- understanding ageing as an opportunity
- proactive solutions
- controlling work loads of older workers
- enhancing health & competence
- enabling intergenerational learning

(Wallin, 2016, p.18)

According to the sample of case studies obtained in the review from the EU15 database, the UK has the largest proportion of life-course approach case studies (n=21), although this may not be representative of all workplaces. The UK case studies included a range of large organisations such as financial services, energy companies, a city council, a national charity, and recruitment specialists (Eurofound, 2005). A range of initiatives were offered as part of their approach to age management including flexible working, awareness raising, pay schemes, retirement health and financial counselling, endeavouring to change an early retirement culture, the offer of 'family leave' to assist carers, and finally, the offer of providing career break schemes. However, the data did not include an evaluation of what the impact was. Further there are a number of limitations, in that firstly, there is a current dearth of up-to-date examples on the Eurofound database, so these findings cannot be relied upon. Further, there may have been possible selection biases and the analysis was not based on actual practice of age management (Wallin, 2016; Wallin & Hussi, 2011).

In the UK, a report by the organisation 'Business in the Community' (2015) highlighted the following recommendations to facilitate EWL for business based on research evidence (p.7):

- address barriers to the recruitment of older people, for example by ensuring everyone involved in recruitment receives unconscious bias training and through opening up apprenticeships to older workers.
- innovate on agile work and job design, tailored benefits and new models of career success
- adapt training and development to the needs of an age-diverse workforce.
- train line managers to provide the right support to people at all ages and career stages.
- introduce Mid Life Career Reviews and partner with other organisations to create more opportunities for greater personal fulfilment and social purpose at work.
- help people with disability to remain in work and carers to find a good work-life balance.
- harness the range of skills and perspectives that age diversity brings, for example by setting up intergenerational networks who share skills and perspectives.

Similarly, Burke (2017, p. 38) in his summary of organisational initiatives to develop and retain older workers cites Boehm, Schroeder & Kunze (2013) who found the following policies and practice predict performance and retention of older workers:

- recruiting- increasing recruitment of older workers, avoiding age biases in interviewing and selection.
- training and life-long, learning – encouraging lifelong learning, tailoring trait to the needs and preferences of older workers, reverse mentoring.
- career management and redeployment- career planning meetings, lateral job transfers, using skills of older workers to maximize their value.
- flexible work arrangements, use of sabbaticals, work at home options, job sharing, unpaid eldercare leaves.
- performance appraisal and rewards- fair performance assessments, with merit pay.
- health management and workplace accommodation- safe work conditions, health promotion initiatives, ergonomic design of work, healthy food on site, no smoking areas.
- transition to retirement- phased or partial retirements, trial retirements, rehiring of retired employees.

Regarding flexible working, there are also a number of issues to consider in practice. For example, a study in the South East of England (Alden, 2012) found enabling factors associated with successfully implementing flexible working policies were focused effort; planning and support and trust between individual managers and workers was important in negotiating flexibility, so employees with less visibility had more difficulty in accessing flexible working options. Therefore, although the practice has been shown to

facilitate EWL the approach should be tailored to the individual's unique needs. Flexibility is also related to the organisation size in that smaller organisations are perceived as having more flexibility and choice to EWL (Hofacker et al., 2016; Loretto & White, 2006; Micheel et al., 2011).

In respect of training and development opportunities, the findings of the reviews identified above (e.g. Burke, 2017; Business in the Community, 2015) concur with the findings a UK study in 2006, demonstrated there was a clear relationship between age and the amount of training offered to and received by workers, however employees over 55 were less likely to participate in or have training offered (Newton, 2006). Additionally, a more recent study exploring trends in EU workforce participation data, in relation to the provision of lifelong learning opportunities, found that provision was positively linked to increasing health and wellbeing as well as the workforce participation of older workers (Hyde & Phillipson, 2014). Therefore, Hyde and Phillipson (2014) present the argument that more should be done to promote lifelong learning such as provision of staff appraisal and funding provision for training.

Retirement planning, gradual or phased retirement have been cited as key factors enabling positive environments for older workers. De Vaus, Wells, Kendig and Quine, (2007) found that those who exercised high choice and control had better retirement outcomes than those with little choice. An Australian study (Employers Forum on Age and IFF Research (formerly Independent Facts and Forecasting), 2006), which is applicable partially to the UK, found that enabling factors to implementing flexible retirement policy were to normalise flexible retirement and to train managers to operate performance reviews fairly and equally. In addition, factors such as widespread communication including champions to brief employees, avoiding jargon and so on aided successful

implementation of such flexible retirement policies. Altman states that benefits of a focus on older workers include

> …retention of experience and firm-specific knowledge; reduced skill shortage; lower staff turnover as older workers are less likely to leave; lower costs of recruitment and training - it is estimated that the average cost of recruiting and training new staff can be £6000.
>
> (Altman, 2015 p.18)

This should highlight the business and economic case for ensuring that increasing numbers of older workers are in the labour force and aim to break down barriers, such as stereotypes (Altman, 2015). A similar national intervention programme has been developed based on academic knowledge and empirical evidence in the Netherlands (Van Selm & Van der Heijden, 2013), aimed at targeting age stereotypes within the workplace around older workers, as well increasing employability of older employees and improving business performance. Another existing project across the EU, is called 'Best Agers' and is a 17-point programme for sustained employability of older people, promoting positive attitudes to older people and employability in the workplace, which has analysed a number of successful case studies using this approach across the Baltic Sea Region (Domschke, Kadefors & Wallin, 2014).

HR models tailored to the ageing workforce have been shown to result in improved perceptions of organisational belonging and thus provide a stronger intention to stay in work (Armstrong-Stassen & Schlosser, 2011). This is supported by further research around supervisor attitudes and beliefs, in terms of how these can impact the individual employee, whereby where the supervisor is perceived as supportive subsequently the employee is more productive (Van Vianen, Dalhoeven & Pater, 2011). A mixed methods study in the UK explored interventions to support mentally healthy retirement (Lancaster, Lawson &

Pilkington, 2011). Results suggested that 'choice' and 'conditions of exit' were fundamental in determining the impact on mental health. Maintenance of mental wellbeing was also dependent on factors associated with 'quality of work' such as autonomy, fulfilment, effort-reward balance, and job satisfaction. However, the review also noted a lack of intervention studies in the UK (Lancaster, Lawson & Pilkington, 2011). Similarly, a qualitative study in the UK looked at the impact of employer policy on a range of retirement experiences and the implications of retirement pathways (Morrell & Tennant, 2010). This study found that employer policies that engaged individuals and involved them in decision making affected their experiences of the process positively, and providing clear information of the process was important for wellbeing. Finally, Madvig and Schultz (2008) found that positive perceptions of the retiree's workplace contributed to the likelihood of post-retirement work within the organisation. In terms of psychological models explaining differences in skills, attitude and competencies with age, the next section will consider a number of factors shown to facilitate work in old age and consequently EWL.

There are also a number of organisational factors that have been shown to have a gendered context. For example, a study in Germany, Japan and the UK found that involuntary retirement was more frequent among men than women (Radl, 2013). In this regard, a study exploring the perceptions of retired professional women, found that women perceived training and development opportunities to have more impact in EWL than retired men (Armstrong-Stassen & Staats, 2012), indicating that interventions tailored to meet women's training and development needs could potentially be effective for EWL. Flexibility has also been shown to be more facilitative to EWL for women than men (Smeaton et al., 2009) and this idea is strengthened by recent guidelines to enhance managers' awareness of the menopause, which encourage the idea that older women,

especially in roles that require long periods of standing, should receive adequate breaks (Faculty of Occupational Medicine, 2017).

2.5.4.1 Co-operation as a Facilitator to EWL: roots within Psychology

Co-operation as a structure for business might be considered a facilitator to EWL in respect of the equity and social capital it forges in the workplace in a similar way to social enterprises (Chandler, 2016). Within psychology, the roots of co-operation are seen in social independence theory and the school of gestalt psychology, which sees the individual by looking at the whole (Deutsch, 1968 cited in Johnson & Johnson, 2009; Koffka, 2013; Ross & Nisbett, 2011). Gestalt psychology sees humans as organised and meaningfully integrated wholes existing amidst adjoining perceptions and views (Deutsch, 1968 cited in Johnson & Johnson, 2009; Koffka, 2013; Ross & Nisbett, 2011). Kurt Koffka (1935 cited in Johnson & Johnson, 2009; Koffka, 2013; Ross & Nisbett, 2011) surmised that groups were in fact dynamic wholes whereby the interdependence between members is variable (Deutsch, 1968; Deutsch & Krauss, 1965 cited in Johnson & Johnson, 2009; Ross & Nisbett, 2011). Theories such as 'game theory' (see for example, Luce & Raiffa, 1957 cited in Johnson & Johnson, 2009) and 'social exchange theory' (see for example, Blau, 1964 cited in Johnson & Johnson, 2009) promoted the idea that human tendencies are inherently self-fulfilling. Social interdependence theory surmises that interdependence occurs when individuals' outcomes are affected by each other's actions (Johnson & Johnson, 1989; 2011) suggesting a more reciprocal relationship in terms of motives and, further, research has shown this stance is often more attractive in real life contexts (Poepsel & Schroeder, 2013). As discussed, cooperation theory (Deutsch, 1973) surmised that people's beliefs about the relatedness of goals affect the course and outcomes of their interactions. In short, when people perceive interdependence or equity, they tend to agree on social norms in the work place, and research has shown this scenario reduces conflict in

the workplace and is positive for wellbeing (Jehn & Mannix, 2001; Warr, 2007). In fact, research has shown that relationship conflicts are extremely negative for organisational dynamics and for the health and well-being of employees as well as the chances of EWL (de Dreu & van Vianen, 2001; Reeuwijk et al., 2013). Moreover, research has shown that goal interdependence moderates the negative consequences of using the position of power (Medina, Munduate & Guerra, 2008; Price & Van Vugt, 2014). Further, researchers have also found that combining individual incentives and group incentives places team members in a social dilemma, whereby individual interests are pitted against collective interests (Barnes, Hollenbeck, Jundt, DeRue, & Harmon, 2011). However, research within co-operatives has cast doubt on the extent to which larger cooperative organisations can retain their cooperative values in times of significant change and mergers (Birchall & Simmons, 2004).

In terms of theory in relation to the nature of cooperation, game theory has often centred around the study of individual's motivation in what is known as the 'Prisoner's Dilemma', which suggests that co-operation is the best solution but not always chosen by individuals (see for example, Kuhlman & Marshello, 1975). According to McCain (2008), reciprocity and social norms play a role in whether co-operation is the chosen outcome in game situations. Further, Nowak and Sigmund (2000) suggest that reciprocity is crucial for maintaining co-operation over competition. Reciprocity can be direct, indirect and spatial in that the reward or punishment received is dependent on ability of the individual to receive them either directly, indirectly or spatially (Nowak & Sigmund, 2000). In addition to game theory, or rational explanations of motivations for co-operation, there is also reciprocal altruism (Rai & Fiske, 2011; Trivers, 1971) whereby an experiment called the 'prisoner's dilemma game' suggests that sustainable co-operation occurs where people

enjoy an abundance of resources and share with others, so in future their benevolence will be rewarded when in need, which is opposed to the premise of 'tit-for-tat' theory of motivation implying that rational self-interest motivates behaviour (Killingback & Doebeli, 2002, cited in Mazzarol, 2009). Finally, the benefits of co-operation depend on the condition that there is trust to forge alliance and partnerships (Argyle, 2013; Knight, 2000 cited in Mazzarol, 2009) but in these cases cooperation can lead to positive affect and interpersonal attraction (Argyle, 2013). According to Zucker (1986), there are three forms of trust; character based trust, process based trust, and institutional based trust. In addition, Fehr and Schmidt (1999) suggest that there needs to be a perception of fairness and procedural justice in order for co-operation to be successfully sustained. In fact, as Fehr and Schmidt (1999) state, in terms of the consequences of not having a perceived fair and just environment, "we have shown that there are environments in which the behaviour of a minority of purely selfish people forces the majority of fair-minded people to behave in a completely selfish manner, too" (p.856).

In 2004, Birchall and Simmons devised a mutual incentives theory, which combined two schools of thought on cooperation. These were individualism and collectivism drawing on social exchange theory and social cooperation theory respectively (Birchall & Simmons, 2004). Social exchange theory is based on the rational assumption that all human relations are motivated by cost-benefit analyses and self-interest (Blau, 1964; Homans, 1974), and has been criticised for being too narrow and individualistic (Miller, 2005). Social cooperation theory on the other hand, suggests that 'individuals collaborate due to a sense of common or shared goals, common or shared values and a sense of community whereby they identify with each other and show mutual care and respect for others in the same group' (Mazzarol, 2009, p.29). Birchall and Simmons (2004,

p. 494) suggest a process by which this happens, the participation chain, moving in three stages:

1. Resources- the assets, capabilities, time, money and skills of the participants going into any future collaboration;
2. Mobilisation- the factors driving cooperation, such as mutual needs, opportunities and recruitment efforts;
3. Motivations- the forces driving collaboration and sustaining co-operative activity.

The theory of mutual incentives was in fact tested in a study within a co-operative organisation (Birchall & Simmons, 2004) and highlighted the importance of member motivations in participation in co-operation and a strong sense of shared community values and goals. Researchers have also placed an emphasis on norms, which can affect reciprocal trust in terms of the dimension of power whereby four categories have been shown to be empirically consistent in the creation, maintenance and use of social capital (Reimer, Lyons, Ferguson & Polanco, 2008). These categories of norms are 'market', 'bureaucratic', 'associative' and 'communal'. The Co-op's ethos in terms of its values as a business, organisation, association and a cooperative owned by its members is integral to these norms and thus could facilitate equity, which could in turn facilitate EWL. The next subsection will briefly consider how discrimination can be challenged in the workplace in order to promote EW.

2.5.4.2 Discrimination: changing age related beliefs

Specific interventions that tackle discrimination have been highlighted as a workplace factor enabling EWL. Two examples of interventions to tackle this include the workplace, the Australian literature base has made some progress, as has the Netherlands 'Best Agers' Programme. Gringart, Helmes and Speelman. (2010) explored the workplace effects on age related discrimination of two interventions; a fact sheet and cognitive dissonance CD. When the two interventions were implemented, significantly greater

preferences for hiring older workers was observed and greater positive age stereotypes were also seen. Along with the Netherlands example, it shows that such interventions could be used in the UK to induce a healthier environment for older workers. Similarly to these interventions in Australia and the Netherlands, Burke (2017, pp.42-43) cites Postuma and Campion (2009) who suggest the following initiatives to support older workers in respect of age discrimination and stereotyping:

- Implementing policies that discourage age discrimination and age stereotyping.
- Making examples of age discrimination legislation and age stereotyping available to all employees.
- Training supervisors and managers on ways of creating fair workplaces and reducing age discrimination and age stereotypes.
- Having employees of different ages as members of work units and project teams.
- Rewarding employees for their long tenure.
- Seeing older workers as a potential competitive advantage.
- Appreciating the organisational memories and knowledge of older workers.
- Being sensitive to areas of employee decision making where age biases might exist.
- Increasing the complexity of job of older workers to increase learning.
- Offering training courses on the benefits of an ageing workforce and potential biases and discriminatory beliefs and practices.
- Requiring computer skills training particularly for older workers.

The next section will consider the financial factors that enable EWL.

#### *2.5.5 Financial security and pension arrangements*

A number of studies have found that finance is the main driver to continuing work and/or to supplement pension (Hofacker et al., 2016; Loretto and White, 2006; Micheel et al., 2011), which is impacted at the macro level by policy. Policy changes relating to financial security and pension arrangements to facilitate EWL can include: pension system reform; raising the statutory pension age; reducing incentives for early retirement; sickness/disability benefit report (Eurofound, 2012). Across Europe, a number of Active Labour Market Policies (ALMPs) targeting older workers act as incentives to EWL in most countries, including financial incentives to carry on working (Eurofound, 2013).

There are also policies that specifically relate to 'age management', for example, financial incentives to employers to keep older workers in employment; to assist re-entry of older workers into the workforce; or for employees to stay in employment; options for phased retirement/flexible working (Eurofound, 2012). In reality, older workers themselves in the UK have talked about finance as a driver to continuing work (Porcellato et al., 2010) and also in the UK those with low education are disadvantaged in that they have to continue working for financial reasons (Radl, 2013).

A number of studies have also found that gender was a significant predictor of the financial reasons for EWL. Firstly, in Germany women with low household incomes show greater chances of plans to EWL than men (Micheel et al., 2011), and secondly, in Canada women were more likely to take on bridge employment for financial reasons than men (Templer et al., 2010). Arpaia, Dybczak, and Pierini (2009) examined the short-term effect of pension reform in Europe for 50-64 year olds and found that pension reforms have resulted in a short-term positive impact on female participation, compared to a modest reduction in male participation. This is the result of the differing lengths of time that women and men spend in employment and the more stable career paths of males compared to females (Arpaia, Dybczak, & Pierini, 2009; Lain & Vickerstaff, 2014). Addressing the gender pay gap (Van Lancker et al., 2015), could have a positive impact on the social equality of women in Europe, which may reduce their likelihood of working in routine, manual jobs, known to be related to involuntary retirement through disability. Fasang et al. (2013) emphasise that "social policies that address women's income in retirement…need to orchestrate different policy areas that affect women to a greater or less degree at different stages of their life-course" (p.977). Similarly, Lumsdaine and Vermeer (2015) conclude that policies aimed at prolonging work life may need to consider care

responsibilities. Finally, Cobb-Clark and Stillman, (2009) found that uncertainty in retirement planning was associated with more uncertain employment conditions, while those who anticipated EWL did so through concerns about their retirement income as opposed to having better job satisfaction or an elevated desire to remain employed. However, interestingly Cobb-Clark and Stillman (2009) found that men's retirement plans were affected more by labour market shocks, in terms of stability and redundancy in the labour market, whereas women appeared to alter their expectations regarding retirement in response to negative health shocks that they or their partners had experienced. This suggests that men’s labour is prone to wider economic influences, whereas women’s is dictated by their own and their partner’s physical health. The next section will summarise the factors that enable and inhibit older workers to extend their working lives, as well as the wider topics addressed in this literature review.

## 2.6 Summary of the Literature Review

The rationale for this study is: because people are healthier and live longer today than previously it is important that older workers can extend their working lives. UK policy has been responding to this need and workplaces are tasked with the challenge of adapting to the changing demography of an ageing population. For this to happen, there is a need to understand the barriers and facilitators to EWL. There is a paucity of research around factors facilitative to EWL and a number of reviews have highlighted the lack of intervention studies across the EU and UK. Where studies have highlighted the complex nature of the impact of health, and other factors affecting EWL, researchers have argued these complexities requires further understanding. This literature review has highlighted the lack of attention there has been to gender based issues within the ageing workforce retirement research and extending working life research literature. There is a gap in the

literature exploring the impact of work on health specifically relating to women's individual needs, such as in relation to the menopause on work and the role of gender and age. This is the case particularly with lower paid female older workers. The literature has also shown a need to focus on supervisors' views about ageing and EWL because a gap in the literature has been identified regarding the age-related beliefs of supervisors, social stereotypes of older workers and perceptions of individuals' career ending. Finally, evidence suggests there is a lack of appreciation among employers regarding the value of older workers.

The relationship between retirement and health has been shown to be inconclusive, but there is evidence to suggest that pathways to retirement (through choice or not) together with underlying psychosocial variables across the life-course have an impact. There is also a social justice element to this research, because in the UK there are a number of social health inequalities with those most disadvantaged experiencing lower health outcomes. In this regard, retirement and ageing workforce policymaking have been shown to be inadequate, because these stark inequalities do not seem to be accounted for.

The literature has demonstrated that sickness absence is higher in older workers, although this relates to long-term rather than short-term sickness absence. Older workers tend to face two major health problems; musculoskeletal disorders and mental health problems, and there are shown to be increasing levels of older workers with health conditions in the UK. Deteriorations in productivity with age have been shown to be mitigated against e.g. by adapting work tasks based on deteriorating physical capability. Positive perceptions about growing old and ageing may also impact positively on health and wellbeing, whereas negative perceptions about ageing may be bad for health. Poorer health outcomes have been linked with lower education, occupation, income, gender,

ethnicity, and a fundamental inequality of power i.e. resources and money. In addition, work has been shown to be good for health across the life-course, although this is only the case in respect of the right kind of work, or ‘good work’ conducive for health and wellbeing.

In terms of overall barriers to EWL, health has been identified as a key reason for retiring early and health can be usefully measured in terms of sickness absence as outlined in the next sections of this thesis. Other barriers to EWL include social barriers such as socioeconomic status including lower educational levels, workplace factors such as lack of flexibility and choice and high work pressures and financial security and pension arrangements. These also include discrimination and the attitudes or self-perceptions of employees, colleagues and managers around ageing and stereotypes surrounding the functionality, motivation and productivity of older workers. Other workplace barriers include a lack of development opportunities (including training) and various other workplace factors such as negative organisational culture and conflict.

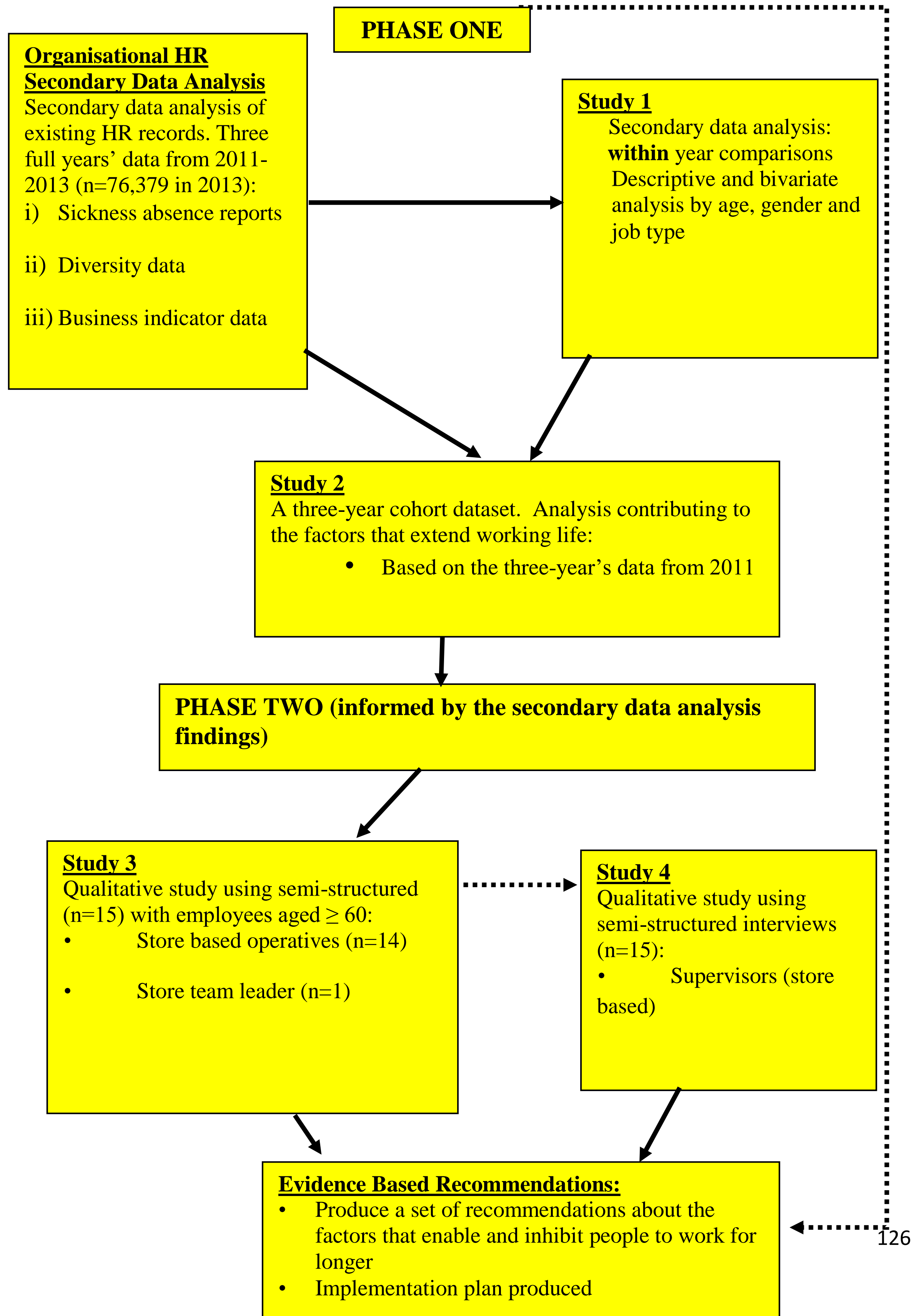
In respect of facilitators to EWL, a number of factors have been identified in the literature. For example, perceived organisational support, training opportunities particularly harnessing the role of front line management, and age diversity management. In addition, workplace interventions to age discrimination and unhelpful norms have been highlighted. Finally, in respect of enhancing EWL opportunities for female workers, it is suggested that tailored interventions are implemented that take into account some of the challenges females face. In addition, policies that work to reduce gender based inequalities across the life-course may also assist with EWL as well as addressing understanding around gender based health issues in the workplace such as caring responsibilities.

The cooperative nature of the organisation under study (as discussed in section 1.2 and section 2.5.4.1), along with the key themes derived from the literature in respect of workplace equity, create a unique setting for the research. The importance of shared values and goals in respect of equity (seen in co-operatives) have been discussed in the literature in respect of ageing and wellbeing and in respect of being a potential facilitator to EWL. For example, organisations that encourage employee autonomy and equity have been shown to improve employee health and wellbeing. Further, when interdependence or equity is perceived, a reduction is shown in conflict in the workplace, which has a positive effect on employee wellbeing and EWL. The literature review will be considered in light of the findings of this thesis in Chapters 4, 6 and 7, and a critical appraisal of the key work the current research builds on will made in Chapter 8.

An outline of the methodological approach to this two-phase mixed methods case study will now be illustrated, starting with the overall approach to the case study research and, in the following chapter, the methodology for Phase One.

# CHAPTER 3 OVERALL METHODOLOGY

Figure 3-1 The Case Study Research Framework



## 3.1 Overall Methodology

### *3.1.1 Aims and Objectives of the Research*

This chapter will outline the overall methods used for the case study research before an outline of the methodological approach to Phase One and methods used will be presented. The results of Phase One will then be presented in sections 4.2 (study 1) and 4.4 (study 2) and a discussion of each section will be presented in section 4.3 (study 1) and 4.5 (study 2).

**Aim 1:** To identify key factors associated with working for longer, with a focus on health factors:

- **Objective 1:** to conduct an organisational secondary data analysis based on Human Resources (HR) data, including sickness absence, (based on three years' data; 2011-2013) regarding the health and ill-health of older staff., gender and other demographic and business factors (for example, job type and earnings) (study 1)
- **Objective 2:** to carry out a longitudinal analysis on a cohort of older workers from 2011-2013 of the relationships between employee health, gender and other demographic and business factors (for example, job type and earnings) and how these relate to extending working lives (study 2)
- **Objective 3:** to carry out an analysis of a number of factors, including sickness absence, gender and other business indicators contributing to retirement (study 2)

**Aim 2:** To understand perceptions of key factors that facilitate/inhibit people to remain in work for longer at the Co-op:

- **Objective 4:** to explore the perceptions of extending working life with employees aged 60 and over who are approaching/have reached or exceeded statutory pension age (study 3)
- **Objective 5:** to explore the voice of the older worker in relation to perceptions of extending working life (study 3)
- **Objective 6:** to explore the perceptions of working within a co-operative and the extent to which this makes a difference in extending work life (study 3 and 4)
- **Objective 7**:to explore with supervisors the value of older workers and how the organisation supports the requirements of the ageing workforce within the Co-op (study 3)

**Aim 3:** To develop recommendations to inform policy and practice in respect of ways of facilitating people to remain in work for longer:

- **Objective 8:** to synthesise the findings from phases one and two of the research to inform recommendations for policy and practice, highlighting potential areas of the business that might benefit most from investment in workplace health programmes

### *3.1.2 Epistemological Framework: Mixed Methods*

The term ‘epistemology’ comes from two Greek words ‘episteme’ meaning ‘knowledge’ or ‘science’; ‘logos’ meaning ‘knowledge’, ‘information’, ‘theory’ or ‘account’ (Johnson & Duberley, 2000, p. 3 cited in Duberley, Johnson & Cassell, 2012). It has been argued therefore, that “epistemology is usually concerned with knowledge about knowledge” (Duberley, Johnson & Cassell, 2012, p.16). The overall epistemological approach to this case study research follows a pragmatic paradigm, which is concerned

with the ‘how’ and ‘what’ (Creswell, 2003; Morgan, 2014; Tashakkori & Teddlie, 2003), as well as the ‘why’ of the research problem (Denzin, 2012; Morgan, 2014; Tariq & Woodman, 2013). Therefore, the study adopts a mixed methods approach using both quantitative and qualitative methods, which “focuses on collecting, analysing, and mixing both quantitative and qualitative data in a single study or a series of studies” (Creswell, Plano & Clark, 2007 p. 5). Mixed methods have been described as becoming an increasingly popular methodology within public health research (Caracelli & Greene, 1993; Caracelli & Riggin, 1994; Droitcour, 1997; Greene & Caracelli, 1997; Tashakkori & Teddlie, 1998; O’Cathain, Murphy & Nicholl, 2007; Tariq & Woodman, 2013). Researchers have argued for mixed methods because the approach has been shown to improve the quality of the emerging health data, robustness of the study, and adds to the depth of comprehension and understanding of the research question (Bryman, 2001; Moffatt et al., 2006; Cresswell et al., 2007; Tariq & Woodman, 2013). According to Hansen (2006), a further advantage of combining quantitative and qualitative methods includes the increased scope made possible as a result.

A paradigm is a “patterned set of assumptions concerning reality (ontology), knowledge of that reality (epistemology), and the particular ways of knowing that reality (methodology)” (Guba, 1990, cited in Crabtree & Miller, 1999, p.8). The quantitative paradigm is based on positivism (Guba & Lincoln, 1994; Bowling, 2009), whereby epistemologically the investigator and investigated are separate entities and “inquiry takes place as through a one-way mirror” (Guba & Lincoln, 1994, p.110). Whereas qualitative methods represent the interpretivism (Altheide & Johnson, 1994; Kuzel & Like, 1991; Secker et al., 1995) and constructivism paradigms (Guba & Lincoln, 1994), whereby epistemologically the investigator and investigated are interactively linked.

Not all researchers agree that mixed methods is the best approach; some such as Sale, Lohfield and Brazil (2002) urge researchers to take caution when applying the two methods based on the respective quantitative and qualitative epistemological viewpoints being incommensurate. Further, Lincoln and Guba (1985) and Smith (1983) argue that the respective research paradigms are so divergent they cannot be combined in a mixed methods research study. In contrast, public health researchers have also, and more recently (Bowling, 2014; Bryman, 2001; Moffatt et al., 2006; Tariq & Woodman, 2013), advocated for qualitative and quantitative methods to be used contemporaneously and complementary rather than for cross validation or triangulation purposes. These separate approaches will now be discussed in more depth.

The strengths of quantitative research methods lie in allowing assumptions to be derived and tested statistically, which can be generalised to a population (Bowling, 2009;2014) and they have the advantage of allowing for statistical significance and generalisability, depending on the sampling method (Bowling, 2009; 2014). Further, the quantitative element of mixed methods research allows some objective direction to the study based on observable statistically tested relationships (Greenhoot & Dowsett, 2012; Bowling, 2009; 2014; Rothman, 1986). However, the limitations lie in the potential weaknesses in attributing causality in respect of the chances of a type I or type II error occurring (Bowling, 2009; 2014; Greenhoot & Dowsett, 2012). Further, quantitative methods are rooted in positivism, which ignores subjectivity thus the need for qualitative research as a combined method (Duberley, Johnson & Cassell, 2012).

The strengths of qualitative research are that it adds depth, meaning and allows for details of subtleties and complexities not uncovered by quantitative data (Anderson, 2010; Green & Thorogood, 2005; Taylor, Bogdan & DeVault, 2015). Qualitative data based on

human experience is said to be often more powerful and compelling to quantitative approaches (Anderson, 2010) and allows for understanding of how reality is constructed (Green & Thorogood, 2005). Further, depth in understanding follows a phenomenologist perspective, which allows for understanding of common experience, uncovering depth of constructed reality such as around emotions, relationships or culture (Al-Busaidi, 2008; Patton, 2002). Another advantage of qualitative approaches is that the research framework can be adapted as new information emerges and although not generalisable, findings can be transferred to another setting (Anderson, 2010; Green & Thorogood, 2005; Taylor, Bogdan & DeVault, 2015). Specifically, in health research qualitative methods have been argued to provide evidence on interactional social processes related to health behaviour and are needed to understand different perspectives (Green & Thorogood, 2005).

The limitations of each approach are well documented: with the quantitative positivist stance, it has derived as value- free (Bowling, 2009), which has been contested in the field of public health. This is because as Bowling (2009, p.130) states "scientists cannot divorce themselves from the cultural, social and political context of their work". Whereas, qualitative approaches have been criticised for being influenced by interpersonal dynamics such as the effect of social desirability (Bowling, 2009; Sword, 1999; Uppal et al., 2013) and in respect of the impact of researchers' social, political and cultural positioning on their subjectivity (Colaizzi 1978, Burkitt 1997, Frank 1997, cited in Walker, Read & Priest, 2013; Ryan & Golden, 2006; Saunders, 2012). On the other hand, it has been argued that reflexivity, which has been described as "the process of reflecting critically on the self, and of analysing and making note of personal values that could affect data collection and interpretation" (Polit & Beck, 2010 p.110) allows the researcher to account for subjectivity by adding a necessary element of quality and transparency (De

Souza, 2004; Flick, 1998; Holloway & Freshwater, 2007; Walker, Read & Priest, 2013). Although it has been argued that the personal experience of the researcher will always impact of the interpretation of the qualitative findings despite any attempt at reflexivity (Grosz, 1995). Another limitation of qualitative methods is the lack of generalisability of findings due to the smaller sample size (Bowling, 2009; 2014).

As discussed, researchers have highlighted weaknesses in arguments that suggest the two paradigms can be combined (Sale et al. 2002). They cite epistemological distinctions and differences in phenomenon of study. Firstly, in terms of how quantitative researchers label using an external referent, such as factory work records, whereas qualitative researchers use personal interpretation, such as how the factory workers view the workplace (Needleman & Needleman, 1996). Sale et al., (2002) conclude that the only solution is to treat the methods as distinct and complementary rather than combined. Therefore, it is suggested that distinct and separate labels for each method should be used to clarify the phenomenon explored (Needleman & Needleman, 1996). Whereas, Denzin (1970, 1978) argues that triangulation of methods overcome deficiencies from using one method alone.

Mixed methods are not based solely on the epistemological roots of positivism, interpretivism or constructivism. The mixed methods paradigm is "increasingly articulated, attached to research practice, and recognised as the third major research approach or research paradigm" (Johnson et al., 2007, p.112). In fact, Miles and Huberman (1984) make the point against epistemological purist arguments, suggesting that it does not get research done, whereas Howe (1988) suggests that researchers should go with what works. Further, Cresswell (2007) argues that mixed methods approaches allow the researcher to focus on the research question rather than the epistemological viewpoint. Howe (1992)

suggests that mixed methods researchers are situated in a positivism paradigm coloured by a certain degree of interpretivism, as is the case for many multidisciplinary researchers. Tariq and Woodman (2013) argue that researchers, such as Howe (1992) and Reichardt and Rallis (1994), should also make the point that qualitative methodologies exist in a positivist world, so the viewpoints are in that sense inseparable.

Mixed methods works as an approach despite the ontological and epistemological differences because they both share the goal of understanding the world (Haase & Myers, 1988) and they both share a logic of inference (King et al., 1994), as well as sharing a commitment for rigour and conscientious critique of the research process (Reichardt & Rallis, 1994). Furthermore, Casebeer and Verhoef (1997) suggest that we should see the two methods as being on a continuum, which should be used together, as the complexity of public health problems requires both (Baum, 1995). Researchers agree that exploring the divergences with the two sets of results, as well as convergences can produce more illuminating findings than would be possible with one method alone (Bryman, 2001; Moffatt et al, 2006; Bowling, 2014). Brannen (2005) suggests four possible outcomes of mixed methods: (i) corroboration, whereby the 'same results' are derived from both qualitative and quantitative methods, (ii) elaboration, where qualitative data analysis exemplifies how the quantitative findings apply in particular cases; (ii) complementarity, where qualitative and quantitative results differ but together they generate insights; and (iii) contradiction, where qualitative and quantitative findings conflict. Ultimately, Moffatt et al. (2006) suggest that data collection, analysis and interrogation should be reciprocal rather than distinct and separate processes and indeed reported together rather as distinct findings. Therefore, this approach was applied to the current study when analysing and interrogating the methods and findings.

The approach to applying mixed methods to the current study had been described as ‘explanatory sequential’ whereby “qualitative methods are used to answer ‘why’ or ‘how’ questions generated from preceding quantitative research” (Tariq & Woodman, 2013, p. 5). Phase One is a large scale quantitative analysis of existing HR data, which is followed by Phase Two: a qualitative study asking ‘how’ and ‘why’ questions to compliment the findings of Phase One. Further, Kagan and Burton (2001), community psychologists based in Manchester, call for a “radical praxis to form an ‘epistemological break’ (Hesse, 1980), meaning a rupture in the established way of conceptualising an issue” (p.7) This runs true to the conclusions of mixed methods researchers based on the central epistemological arguments outlined in this summary surrounding the paradigm, in contrast to doing mixed methods research in practice. Further, researcher reflexivity is central to community psychology praxis. This is relevant to the current research in terms of considerations of the researcher-participant dynamic and context within the organisation, around power dynamics, the interpersonal relationship between the researcher and participant, as well as the barriers or limitations that may exist to the research design (Kagan et al., 2011). This critical component has also been cited as an important aspect of the mixed methods framework within public health (Moffatt et al., 2006). This will be discussed further in Chapter 4 describing the qualitative methodology of Phase Two, while the next sections will present the case study methodology and thereafter in Chapter 4, the quantitative methods for study 1 and 2 of Phase One.

### *3.1.3 Case Study Methodology*

The case study aims to identify key factors associated with working for longer, with a focus on health factors and to understand perceptions of key factors that facilitate/inhibit people to remain in work for longer at the Co-op. The present case study uses a number of approaches. Study 1 is a secondary data analysis of existing HR data

from 2011-2013 across a range variables including sickness absence. Study 2 is a three-year cohort study from 2011 utilising secondary quantitative HR data analysis focussing on the cohort of individuals aged 50 years old and over and those who are extending their working lives post state pension age (SPA). To complement the quantitative component there is also a qualitative design, using semi-structured interviews. The qualitative aspect of the case study explores the voice of older workers aged 60 and over (study 3) and the perceptions of extending working life; to explore the value of older workers with supervisors; and finally, study 4 explores the perceptions of working within a co-operative and the extent to which this makes a difference in extending work life.

According to Yin (2009, p.18) a case study is an empirical inquiry that "investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident". There is a consensus for this definition (see for example, Crowe et al., 2011). Case study approaches also allow investigation of individuals or organisations through complex interventions, relationships, communities or programmes (Yin, 2003) using a range of data sources (Baxter & Jack, 2008). However, Stake (1995) has argued that there are intrinsic (where the case is pre-selected and is the primary interest), instrumental (where the case seeks to explain or understand a broader issue) and collective forms of case studies (whereby a number of instrumental cases are adopted to make comparisons on a particular issue). An instrumental case study design was used in the present study (Stake, 1995) because this particular design involved studying the Co-op to gain a broader appreciation of an issue or phenomenon that might be applicable to other settings.

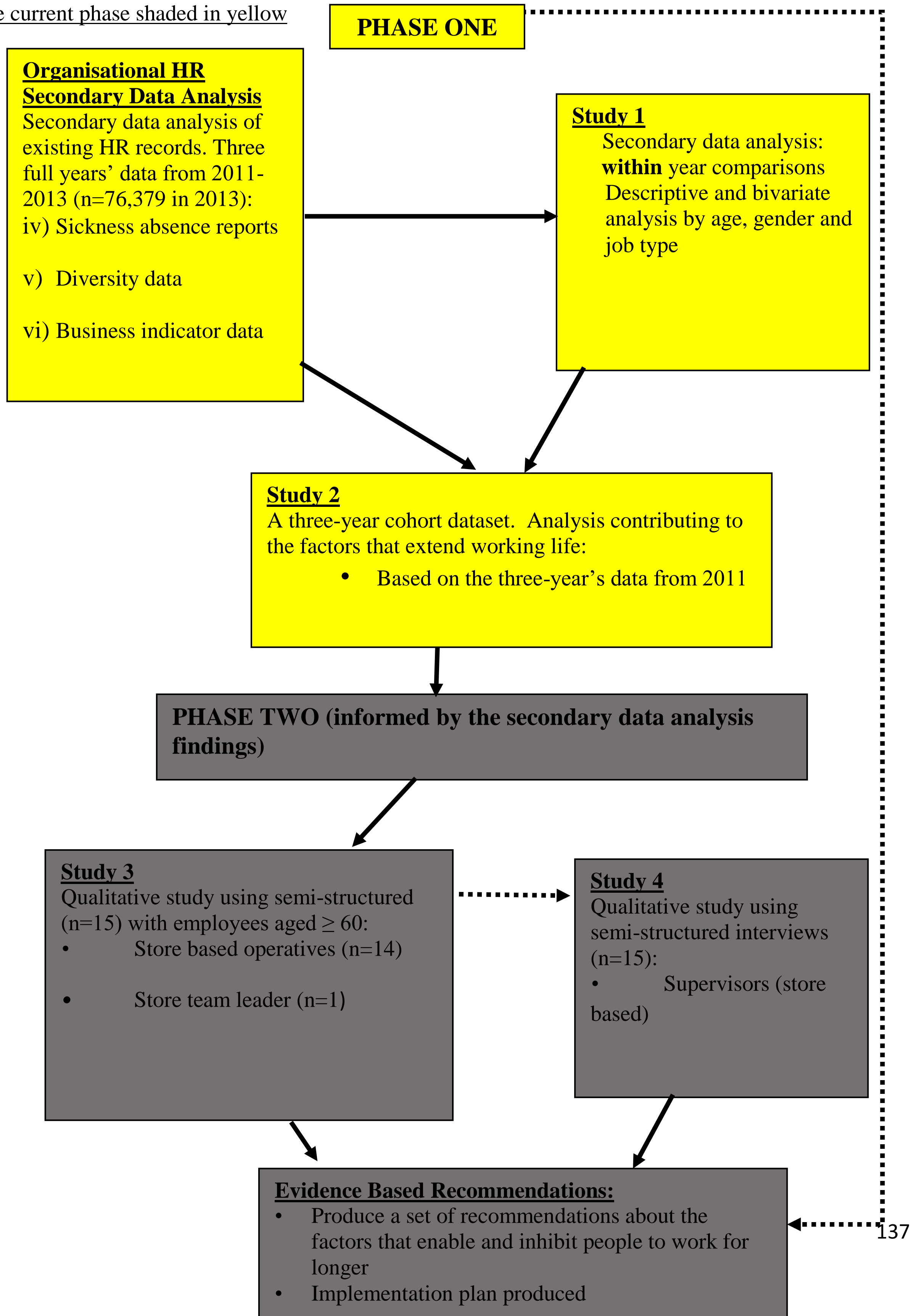
A case study approach should be used when the research is answering 'how' and 'why' questions (Baxter & Jack, 2008; Crowe et al., 2011; Yin, 2003; 2013), as is the aim

in the current study, although it also useful among a range of other scenarios. The present research is also a descriptive case study as it concerned with describing a phenomenon and real-life context in which it occurred (Yin, 2003). As well as considering the research question under analysis it is also important to consider the case or unit of analysis (Baxter & Jack, 2008). The case in this situation is a large private sector retail organisation (the Co-op), which includes employees aged 50 and over, and their supervisors.

Strengths of the case study approach are: in understanding complex inter relationships in a real-life context (Hodkinson & Hodkinson, 2001; McLeod, 2008; Stake, 1999; Yin, 2009); they facilitate exploration of the unexpected or unusual (Hodkinson & Hodkinson, 2001); can show the process involved in causal relationships (Hodkinson & Hodkinson, 2001; Yin, 2003); and they can facilitate rich conceptual exploration (Hodkinson & Hodkinson, 2001; McLeod, 2008; Yin, 2003). Limitations of using a case study approach include: there might be too much data for easy analysis, resource extensive or time consuming (Hodkinson & Hodkinson, 2001; McLeod, 2008); complexity if difficult to represent simply (Hodkinson & Hodkinson, 2001); they are not generalisable (Hodkinson & Hodkinson, 2001; McLeod, 2008); have been criticised for being subjective (Hodkinson & Hodkinson, 2001; McLeod, 2008); and they are difficult to replicate (McLeod, 2008). Despite this the case study approach was chosen because the research was taking place in a real world context and exploring a complex subject.

# CHAPTER 4 PHASE ONE METHODS, RESULTS AND DISCUSSION

Figure 4-1. The Case Study Research Framework (Phase One)
*NB the current phase shaded in yellow



## 4.1 Phase One (Studies 1 and 2): Secondary Data Analysis

### *4.1.1 Introduction*

This section will now explore the methodology used to answer the following aim, objectives and research questions in relation to Phase One of the research (see Figure 4-2), before outlining the results of each study and discussing the findings:

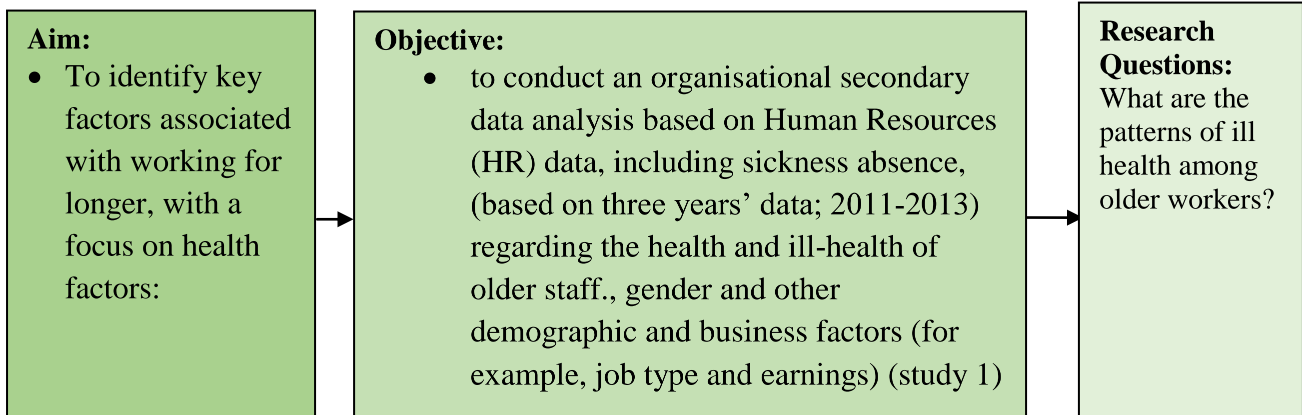
**Aim 1:** To identify key factors associated with working for longer, with a focus on health factors:

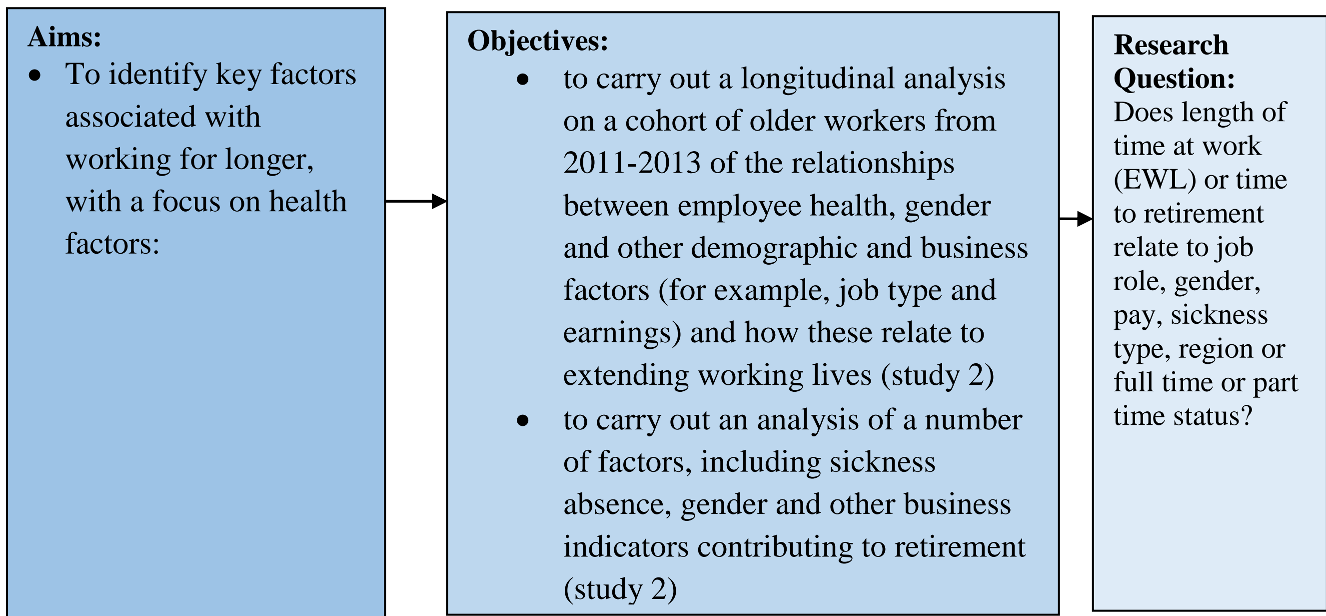
- **Objective 1:** to conduct an organisational secondary data analysis based on Human Resources (HR) data, including sickness absence, (based on three years' data; 2011-2013) regarding the health and ill-health of older staff., gender and other demographic and business factors (for example, job type and earnings) (study 1)
- **Objective 2:** to carry out a longitudinal analysis on a cohort of older workers from 2011-2013 of the relationships between employee health, gender and other demographic and business factors (for example, job type and earnings) and how these relate to extending working lives (study 2)
- **Objective 3:** to carry out an analysis of a number of factors, including sickness absence, gender and other business indicators contributing to retirement (study 2)

*Research Questions:*

- What are the patterns of ill health among older workers?
- Does length of time at work (EWL) or time to retirement relate to job role, gender, pay, sickness type, region or full-time or part-time status?

Figure 4-2 Flow diagram to show the aims, objectives research questions for study 1 and 2 (Phase One)



### *4.1.2 Design*

Phase One initially comprised an analysis of a series of consecutive cross sectional surveys, each providing a snap shot of anonymous secondary employee data within each year from 2011-2013 (study 1). A series of snapshots of anonymous secondary employee data for the business (including people who left part way through the year and new starters) was derived, which as a complete set, varied in cases from year to year. In addition to the snapshots, all variables measured in 2011 were linked by employee identification number across the three years and therefore a subset of individuals present in 2011 were followed up in a three-year cohort dataset (study 2). Study 2 explored the factors that contributed to extending working life (EWL) and early retirement over the three-year period. The rationale for looking at extending working life over three years in existing employees (not including new starters) is twofold. Firstly, the focus of the analysis was on retention of the over-50 workforce (EWL) and retirement, so there is a need to exclude new starters on this basis. Secondly, between 2011 and 2013 pensions policy changes were taking place in terms of increasing state pension age (SPA) in females specifically (DWP, 2014), so there is an interest in exploring any impact of this.

Greenhoot and Dowsett (2012) highlight the benefits and limitations of secondary data analysis within research. The benefits were: in saving resources such as money and time, through readily available and appropriate data on specific outcome measures. Using secondary data has also been found to be advantageous in public health research because there is a lower probability of selection bias, as well as recall bias and confounding variables (Carneiro & Howard, 2011; Greenhoot & Dowsett, 2012). In addition, depending on the distribution of the data and effects observed, a larger sample size would produce a large power calculation for the overall dataset comparisons to show statistical significance,

as well decrease the chances of a type I or type II error (Greenhoot & Dowsett, 2012; Bowling, 2014). The limitations lie in the method being out of the researcher's control in terms of the 'who' (sample); 'what' (constructs) and 'how' (how the constructs were measured) (Greenhoot & Dowsett, 2012, p.5). The logistical difficulty of preparing the secondary data sets across the variables has also been cited as a disadvantage in terms of resources, missing data and potential sample attrition (Carneiro & Howard, 2011; Greenhoot & Dowsett, 2012) as well as complications in drawing sets of overlapping data together (Bowling, 2014). Despite the limitations, the existing secondary data set provided by the organisation was comprehensive in terms of the constructs measured although there were some issues regarding incomplete data sets, which will be discussed in section 4.3.6.

The key independent variables for Phase One (studies 1 and 2) are: age, gender, part-time status, new starter status or leaver status, region and position type or 'job name'. The dependent variables are: full-time equivalent (FTE) pay; contracted hours; years in service; sickness absence hours; unpaid leave absence hours; and type of illness reasons (where stated) for absence; retirement or extended working life categories. Other potential confounding variables (see for example, geographic location or ethnicity) that were also explored are listed in Table 4-4.

The data were derived from the raw datasets in Table 4-1, which were made available by the Co-op in Microsoft Excel (MS Excel) format as described in section 4.1.4 (below). These were then collated using a Microsoft Access (MS Access) database, through joining queries and unmatched query wizards (see appendix (i)), in order to create a master dataset.

#### 4.1.2.1 Ethical Considerations

Ethical approval for the study was received from the University of Salford on 28th October 2014 (HSCR14/75). Approval was on the basis that all secondary data obtained were anonymous and confidentiality was safeguarded by ensuring that the datasets were password protected and accessed only on site (either at the organisation or the University). The collaborating organisation received a copy of the ethical approval documentation and ensured that all processes were strictly adhered to so that participants' confidentiality was maintained throughout the study.

### *4.1.3 Datasets and Sampling Criteria*

Table 4-1 Table to show the Breakdown of Data Sets, Completeness and Treatment prior to Analysis

| Data Set Name (N) | Notes on Completeness/Incompleteness | Treatment Prior to Analysis in Statistical Package for Social Science version 20 (SPSS) |
|---|---|---|
| **Sickness Absence Dataset for a Full Year** (in 2013 there were 122,013 episodes relating to N=76,648 individuals) | Complete sickness related variables, gender and date of birth for all those that had one or more instances of sickness throughout the year. Incomplete for all those who had no sickness. | Matched to salary dataset using employee number. Used MS Access to run a 'Group By' query in order to gain a single record per individual. This creates cumulative sickness absence figures per employee rather than several instances per employee. Cases unmatched to the salary dataset were also retained in order to pull through using other datasets, such as leavers' data. |

| | | |
|---|---|---|
| **Salary Dataset for Period 9[1,2]**<br><br>**(2013 N=76,648)** | Complete salary analysis level variables for existing employees. It also includes those who were new to the organisation that year that had started prior to period 9 and those who had left after period 9. Incomplete salary analysis level variables for those who had not yet started. | Used MS Access to match to sickness cases by employee number. For individuals not on the sickness dataset, records were created with zero sickness. |
| **Leavers across a Full Year (2013 N=17,640)** | Complete leaver variables for those who had left throughout the year. | Matched to salary and sickness datasets (linked) using employee number. |

[1] The salary analysis data was taken for one calendar month up to and including following dates:
12th August 2013
13th August 2012
15th August 2011

[2] The rationale for using period 9 was that is when the business's salaries / headcount figures normalise after a spike in temporary workers for summer trading in quite a lot of locations.

| Data Set Name(N) | Notes on Completeness/Incompleteness | Treatment Prior to Analysis in SPSS |
|---|---|---|
| **Monitoring Dataset** (comprising ethnicity, religious status, sexual orientation and disability).<br><br>**(2013 N=25,067)** | Complete diversity variables for those who completed diversity questionnaires throughout the year. Incomplete for those who did not complete diversity questionnaires within the business (69-90% depending on variable). | Matched to salary and sickness datasets (linked) using employee number. |
| **Marital Status Dataset**<br><br>**(2013 N=7,517)** | Complete marital status variables for those who completed marital status question throughout the year. Incomplete for those who did not complete marital status question within the business. | Matched to salary and sickness datasets (linked) using employee number. |
| **Region Dataset**<br><br>**(2013 N=74,085)** | Complete for those that had a completed region name on file. Incomplete where data has not been completed on location name. | Matched to salary and sickness datasets (linked) using employee number. |
| **Unpaid Leave Dataset**<br><br>**(2013 N=95,894)** | Multiple rows were possible if individuals had more than one episode of unpaid leave. | Matched to salary dataset using employee number. Used MS Access to run a 'Group By' query to obtain a single record for each individual. This creates cumulative unpaid absence figures per employee rather than several instances per employee (the linking relationships are shown in appendix i). |

Table 4-2 Study 1 Sample Type Scenarios and Rationale for Inclusion

| Scenario of Employee | Rationale for Inclusion |
|---|---|
| **EITHER:**<br>**Employee appears in the period 9 of the salary data in 2011 and/or 2012 and/or 2013** | A full cross sectional dataset of participants who appeared across a whole year was sought across the business for analysis of stage I. |
| **OR employee appears within a full three year's sickness absence AND appears in the period 9 of the salary data in 2011 and/or 2012 and/or 2013** | Health is a key barrier to EWL as identified in section 2.4 of this thesis and sickness absence is a good indicator of health[3].Key data on the period 9 salary data was required for this study set in order to link a range of business indicators such as 'job type' and 'part-time' status. |
| **OR participant has been a classified as a 'leaver' and is therefore on the leaver dataset.**<br>**AND is on the salary dataset (period 9). All those who started (and left) after period 9 are therefore excluded.**<br>**All participants classed as 'leavers' but who did not start the organisation or 'retired- did not start' were excluded (n=46).** | Leavers throughout the year were included on the basis that the study aims to establish the factors that enable and inhibit people to work for longer. Including these cases satisfied this aim.<br>**N.B.** Leavers who left before period 9 usually had complete period 9 salary data OR had data on the leavers' dataset that would have been otherwise retrieved from the salary analysis e.g. contracted hours. |
| **OR participant has been classified as a 'new starter' in sickness absence**<br>**AND is on the salary dataset (period 9). All those who started after period 9 are therefore excluded.** | Data were not available. All those in the sample needed a classified 'job type' or some detail of salary analysis for full-time employment information. |

[3] Sickness absence has been shown to be a reliable measure of health (Marmot, Feeney, Shipley, North and Syme, 1995)

Table 4-3 Study 2 Sample Type Scenarios and Rationale for Inclusion

| Employee Scenario | Rationale for Inclusion |
|---|---|
| **EITHER:** **Participant appears is an existing employee from 1st January 2011 AND appears on period 9 Salary Analysis AND is not a 'leaver' for reasons other than retirement** | A full three-year dataset of participants present at 2011 followed up until 2013 who appeared across a whole year was sought across the business for study 2. |
| **OR Participant is an existing employee at 1st Jan 2011 AND appears on period 9 Salary Analysis AND appears within a full three year's sickness absence from 2011 and is not a 'leaver' for reasons other than retirement** | Health is a key barrier to EWL as identified in section 2.4 of this thesis and sickness absence is a good indicator of health[4].Key data on the period 9 salary data was required for this study set in order to link a range of business indicators such as 'job type' and 'part-time' status. |

### *4.1.4 Data Analysis*

#### 4.2.4.1 Study 1 and 2 Preparation

The secondary data representing three full years from 1st January 2011 to 31st December 2013 were made available in MS Excel dataset format in 2014 (7 datasets per year for the range of variables requested- see section 4.1.3). The Master dataset excluded cases from the Farms Business because this business was acquired and sold during the three- year period. Further, it was requested by the business that this aspect of the business be excluded in the analysis (n=269). These remaining data with Farms taken out were transformed in MS Excel to give new variables such as age and length of service based on the raw data available. These data were subsequently imported into MS Access, which was used to create a 'Master Full Year Dataset'[5] per full year using the sampling inclusion

[4] Sickness absence has been shown to be a reliable measure of health (Marmot, Feeney, Shipley, North and Syme, 1995)

[5] A full year's data amalgamated from the seven data sets (see Table 3.1) to create a complete sample as stated in the sampling exclusion criteria section 3.3.5 was named a 'Master Full Year Data Set' for 2011, 2012 and 2013 respectively

criteria set out in Table 4-2. Using MS Access, the data sets were aggregated to create a single line of cumulative data per employee by running a number of ‘Group By’ queries. The data were computed and coded for SPSS and sample attrition was calculated using annual data for ‘leavers’ figures. Where hire dates were available, new starters were accounted for in order to include or exclude at ease during the next stages of the analysis.

For sickness absence, the secondary data were taken annually from the pay centre at Head Office giving a cumulative figure for all sickness absence hours, days, absence occurrences and all absence start and end dates annually. This sickness absence dataset was incomplete in respect of the illness type or reasons for sickness absence (this was dependent on completion at store level), although complete in terms of episodes of sickness absence. The sickness dataset also excluded the sickness data from the Farms Business employees. For absences of seven days or fewer, employees were able to self-certificate their absence, whereas for absences longer than seven days, a medical certificate was required. The primary reason for absence was taken as the reason attributed to the most absence where two or more instances have occurred. For example, where there were two instances of ‘cough/cold/flu/respiratory’ (15 hours) but three instances of ‘general debility’ (21 hours), the latter was taken as the reason for absence based on the total number of attributed hours. Alternatively, where there were one or more absence reasons with an equal length of episode (whereby an episode is defined as one period of time off for a particular absence reason) per person, the absence reason was taken as the nearest in proximity to ‘A’ alphabetically. The rationale for this is that where an absence was unstated or unknown the absences were coded as ‘U’, which is the nearest in proximity to ‘Z’ alphabetically, so under this system any other given reason was therefore selected rather than the unknown reason. A number of further derived variables were also computed using MS Access or SPSS, e.g. ‘consecutive long-term sickness hours’ and

'sickness rate'. Long-term sickness per individual episode over 21 days (because this was classed as long-term sickness by the business) was calculated as a true instance of long-term sickness Table 4-4 shows a complete breakdown of the variables and their respective coding.

For study 2, the seven datasets (see Table 4-1), for each year, were then linked to make three master data files, one for each year, and, as stated in the datasets and sampling criteria (section 4.1.3), these were named 'Master Full Year Data Sets'. The three full year master data sets were then linked to create a 'Three Year Master' data set with only those cases from the start of 2011 linking up by employee number, which was then imported into SPSS. All leavers for reasons other than retirement were excluded because the study explores workplace retention in terms of EWL and its association between variables from 2011. A new categorical variable was created for those who, over the three years, either: extended their working life over 50 years old; retired prior to SPA; extended their working life post SPA; or finally; those who retired post SPA (a copy of the syntax for this derived variable can be found in appendix ii). A number of continuous variables were also computed in SPSS as new categorical variables rather than scale variables using the 'recode' function and creating categories for intervals such as age 50-55, and other variables for analysis such as full-time equivalent employment pay, years in service and sickness.

Table 4-4 Final Variables for Master Full Year Datasets

| Variable Name | Source | Level of Data | Coding Notes |
|---|---|---|---|
| 1. **Employee Number** | All Datasets | Scale | Raw Data: a unique identifying number |
| 2. **Job Name** | Salary Dataset or Leavers Dataset | Nominal | Categorised and Coded in MS Excel |

| Variable Name | Source | Level of Data | Coding Notes |
|---|---|---|---|
| **3. Contracted Hours** | Salary Dataset or Leavers Dataset | Scale | Raw Data |
| **4. Full-time Employment Fraction**[6] | Computed | Scale | Computed in SPSS |
| **5. Part-time/Full-time status** | Salary Dataset or Leavers Dataset | Nominal | Coded in MS Excel |
| **6. Full-time Employment Annual Amount** | Salary Dataset or Leavers Dataset | Scale | Raw Data |
| **7. Start Date of Absence** | Sickness Dataset | Scale | Raw Data |
| **8. End Date of Absence** | Sickness Dataset | Scale | Raw Data |
| **9. Location Name** | Region Dataset | Nominal | Categorised and Coded in MS Excel |
| **10. First Absence Reason** | Sickness Dataset | Nominal | Categorised and Coded in MS Excel |
| **11. Last Absence Reason** | Sickness Dataset | Nominal | Categorised and Coded in MS Excel |
| **12. Primary Absence Reason**[7] | Computed in MS Access | Nominal | Categorised and Coded in SPSS<br><br>(grouped into top reason for absence sub groups) |
| **13. Sum of Absence Hours** | Sickness Dataset | Scale | Sum computed in MS Access from raw data |
| **14. Sum of Absence Days** | Sickness Dataset | Scale | Sum computed in MS Access from raw data |

[6] The full-time employment fraction was calculated by dividing the contracted hours worked per week by the full time hours (37.5 hours).
[7] Unique combinations of illness type by individual were created. Where individuals had more than one illness type, the illness that accounted for the most days was selected. Where there were equal numbers of days the first illness type (ordered alphabetically) was selected.

| Variable Name | Source | Level of Data | Coding Notes |
|---|---|---|---|
| **15. Sickness Rate** | Derived: computed in SPSS | Scale | A percentage (rate) based on FTE hours |
| **16. Sickness Days** | Derived: computed in SPSS | Scale | Number of days computed from raw hours (by dividing by 7.5) |
| **17. Long-term Sickness True** | Derived: computed in MS Excel and SPSS | Scale | Unique instances where an individual has had 21 consecutive days off |
| **18. Date of Birth** | Salary Dataset or Leavers Dataset | Scale | Raw Data |
| **19. Age** | Salary Dataset or Leavers Dataset | Scale | Raw Data |
| **20. Age Group** | Computed in SPSS | Nominal | Computed in SPSS |
| **21. Gender** | Salary Dataset or Leavers Dataset | Nominal | Coded in SPSS |
| **22. Hire Date** | Salary Dataset or Leavers Dataset | Scale | Raw Data |
| **23. Leave Date** | Leavers Dataset | Scale | Raw Data |
| **24. Leave Reason** | Leavers Dataset | Nominal | Coded in MS Excel |
| **25. Years in Service** | Salary Dataset | Scale | Raw Data |
| **26. Region** | Region Dataset | Nominal | Categorised and Coded in MS Excel |
| **27. Ethnic Origin** | Diversity Dataset | Nominal | Coded in MS Excel |
| **28. Religion** | Diversity Dataset | Nominal | Coded in MS Excel |
| **29. Disability Status** | Diversity Dataset | Nominal | Coded in MS Excel |

| Variable Name | Source | Level of Data | Coding Notes |
|---|---|---|---|
| **30. Sexual Orientation** | Diversity Dataset | Nominal | Coded in MS Excel |
| **31. Unpaid Leave Hours** | Unpaid Leave Dataset | Scale | Raw Data |
| **32. Marital Status** | Marital Status Dataset | Nominal | Coded in MS Excel |

4.2.4.2 Study 1 and 2 Cleaning

An initial data cleanse was conducted out in MS Excel, providing a means to iron out anomalies, such where an individual's gender conflicted between different datasets, and these were checked with the Co-op and resolved. Subsequently, the data were cleaned again using MS Access to aggregate the data and to explore any errors in the data through sense checking for out of range numbers and missing numbers (Tabachnick & Fidell, 2013). A final clean was carried out in SPSS by checking for anomalies and missing data that had failed to pull through, such as job name or start date. These missing cases were mainly new starters where the details had not yet been fully inputted, or leavers that were no longer on the system.

4.2.4.3 Sickness Absence as an Indicator of Health

Sickness data are the only health related data in the employee records available for analysis, as is very common for studies of this type. Sickness absence measured through workplace systems is understood to be a suitable measure of health at work when health is understood as a combination of social, psychological and physiological functioning (Marmot, Feeney, Shipley, North & Syme, 1995; Kivimaki, Head, Ferrie, et al. 2003; Taimela et al., 2007). Recorded sickness absence data has a number of advantages in respect of the quality of the data coverage (organisations are mandated to keep good

records to inform their HR strategies and business analyses), accuracy and consistency over time, and is said to be superior to self-reported sickness data (Ferrie, Kivimaki, Head, et al., 2005; Marmot, Feeney, Shipley, North & Syme, 1995; Roelen, Koopmans, Schreuder, Anema, & van der Beek, 2011). Sickness absence is used in the national UK Labour Force Survey as an outcome measure across a range of crosscutting independent variables including age, gender and job type (ONS, 2014c). In this regard, sickness absence is defined in the current study as both certified and non-certified absence from work.

Sickness absence as a construct however, has been described as complex (Taimela et al., 2007) and has been shown to be associated with perceptions of health and work ability as well as a range of demographic and socioeconomic factors (Reiso, Nygard, Brage, et al., 2002; Virtanen, Kivimaki, Elovainio et al, 2003). Employee-based sickness absence (recorded by the employer) has also been noted as being, at times, an unreliable indicator of ill health. This is because the phenomenon can sometimes be considered as a reflection of absence culture, in that it is viewed as a voluntary behaviour. This influenced by a range of psychosocial factors, such as employee satisfaction or shared attitudes to work (Nicholson, 1982; Nicholson and Johns, 1985, cited in Marmot, Feeney, Shipley, North & Syme, 1995; Briner, 1996). In addition, employee-based sickness absence, although useful for comparison purposes, can be inaccurate due to variances in response rates (such as managers inputting the information correctly and timely) as well as response bias (Barham & Leonard, 2002). For example, a CIPD (2001) survey found that one third of organisations they surveyed believed that managers under-report their own absences (cited in Barham, 2002). While more recently, in 2016, 72% of employers reported that they have observed ‘presenteeism’ (people coming into work unwell) within their

organisation, and 29% report an increase in the last 12 months, suggesting that sickness absence may not accurately reflect sickness (CIPD, 2016).

Sickness absence data poses difficulties for analysis using traditional statistical methods because a large proportion of cases are distributed at the value zero (i.e. people who have no recorded sickness absence), which is greater than that predicted by basic probability models for count data in general (Marmot, Feeney, Shipley, North & Syme, 1995; Taimela et al., 2007). These difficulties can be overcome using a number of Poisson distribution adjustments such as the zero-inflated Poisson model, in the case of regression (Marmot et al., 1995; Kivimäki, Head, Ferrie, Shipley, Vahtera & Marmot, 2003; Taimela et al., 2007). Another approach to analysing sickness absence data is using groupings by the length of sickness absence episode, which also account for psychosocial factors (tending towards the shorter episodes) and genuine ill-health (tending to be longer episodes (Marmot et al., 1995). Similarly, Kivimäki et al. (2003) also found evidence to suggest that long-term sickness is a more reliable indicator of morbidity and ONS (2015) found that for individuals aged 50 to 79 years, the leading causes of death in 2015 were due to long-term diseases and conditions.

Length of absence was derived in the current study, as well as long-term absence and further, sickness rates were derived to overcome the difficulties associated with Poission distribution. There appears to be a consensus to treating sickness data as a sickness rate (Boot et al., 2011; Seccombe, 1995; Barmby et al., 2002; CIPD, 2007; ONS, 2014c), which has arisen from systematic work comprising an analysis of robust international comparisons of representative data (Barmby et al., 2002). Boot et al. (2013) used the sickness rates approach carried out a study on ageing and workplace adjustments on an adequate and representative sample (n=2,631) attributing for both part-time and full-

time contracted hours. Tameila et al. (2007) however, used cumulative length of sickness alone in their analysis, although this analysis was based on a smaller (n=1,341) and less representative sample of construction workers, who are likely to have been primarily full-time workers. ‘Absence rates’ was selected as the outcome variable, based on there being a consensus to use rates in order to enable the comparison between full-time and part-time workers’ sickness trends proportionately.

To work out sickness absence rates, two approaches were taken: organisational sickness rates; and employee sickness rates. The total hours’ sick taken as an organisational value (Seccombe, 1995) and in the case of Boot et al. (2013) per employee per year was divided by the total possible days worked in a year. Additionally, the independent variable ‘part-time or full-time status’ could have a measurable impact on retirement and health, so this adjustment allows for the measurement of such an effect. Finally, the approach of using sickness days calculated through raw hours was also used as a sensitivity analysis, in order to increase the credibility of the interpretation of the findings (see appendix iii) (Thabane et al., 2013).

4.2.4.3.1 Calculating Indicative Sickness Absence Rates

Due to different contracts with different hours and holiday leave entitlement, a standard working day and number of days per year was adopted. The ONS (2014b) uses 7.5 hours as a day’s working hours to describe a day in a full week. Therefore, to calculate the full-time figure based on a full week, this rate was used to derive the proportionate sickness absence by contracted hours for each sickness case. This was calculated as a sickness rate by firstly, dividing the latest number of contracted hours by 37.5 to give a full-time employment (FTE) fraction and multiplying the total days expected to work per full-time employee (233 days- not including sickness or other sorts of leave not classed as

annual leave) (Gov.UK, 2016) to give the actual possible days worked. Next, the actual possible days worked in the year were divided by the sickness absence days, then multiplied by 100 in order to produce a sickness rate. Sample attrition was monitored by leaver data (actual separation date) and the proportion of the year worked was measured for new starters or those that started and left (by looking at the hire date). This was then factored into the sickness absence calculation by multiplying the figure by the proportion of the year remaining in employment. To check for quality and accuracy of the sickness calculations computed through SPSS and MS Access and MS Excel, an audit of 60 cases were randomly checked in depth to control for accuracy. The check involved randomly selecting participation numbers and then once selected, going to the original source data tables and performing the calculations manually to ensure that no errors had been made in the programming of the MS Access queries or SPSS syntax. An assumptions checklist based on both methods (sickness rate and length of sickness absence) can be found in appendix (iv).

In the master dataset (collated in MS Access), for a worker employed for the whole year or part of the year, the sickness absence was taken for those with full-time hours, part-time hours, starters, leavers, starters and leavers, and finally, existing employees. It was necessary to create SPSS syntax to allow for these factors to be represented proportionately (see appendix iii). As shown in Figure 4-3 (below), an individual who worked an entire year, on a 15-hour contract, who took 10 days off would be shown as having a sickness rate of 11%, whereas an individual on a 26-hour contract, who started in June and had five days off would have a sickness rate of 5.3%.

Figure 4-3 Box to show Sickness Rates Worked Example

**Example 1:**
An individual who worked 15 hours a week for a whole year and had ten days off sick has a sickness rate of 11%.
This is because working 15 hours a week is equivalent to 0.4 of a full time working week (37.5 hours). Multiplying 0.4 by the total work days possible in a year (233) gives us 93.2. We now have the total work days possible (93.2). The total number of sickness days (10) is then divided by the total work days (93.2) to give us the sickness rate, which gives us 0.11. Finally, when multiplying this figure by 100 gives us the sickness rate as a percentage: **11%.**
**Example 2.**
An individual who worked 26 hours a week, but started on June 1st, had five days off and had a sickness rate of 3.1%.
This is because working 26 hours a week is equivalent to 0.7 of a full time working week (37.5 hours), so multiplying the total days worked possible in a year (233 days) by 0.7 gives us 163.1. This needs to be multiplied by 7 months/12 months (0.58), which gives us 94.6. The total number of sickness days (5) is then divided by the total possible days worked in a year (163.1) to produce 0.03, which when multiplied by 100 gives **3.1%.**

4.2.4.4 Study 1 Analysis

The data were analysed using inferential statistical tests on SPSS, the most appropriate statistical package to use to analyse quantitative data in social sciences (Field, 2013). Inferential tests such as t-tests and chi-square tests are appropriate methods to analyse bivariate relationships (Field, 2013). Descriptive data explored were: contracted hours; FTE pay; length of service; sickness absence total time (days and hours); short-term and long-term sickness absence data; by age group (aged 50 and over and under 50 cohorts), position type (management/non-management cohorts), gender, full-time or part-time status, as well as some comparisons between 2011, 2012 and 2013.

The sickness absence data showed a strong skew with many zeros, thus they do not meet a key assumption of parametric tests whereby the data are normally distributed meaning non-parametric tests (with this assumption not necessary) would normally apply (Field, 2013). However, in large datasets (over 200 total sample size) it has been argued that non-parametric tests do not necessarily answer the desired question regarding the

difference between variables on an outcome variable but may in fact reflect differences in distribution (Fagerland & Sanvik, 2009; Fagerland, 2012). In fact, due to Central Limit Theorem in large sets of data parametric t-tests are appropriate methods of analysis (Fagerland & Sandvik, 2009). Therefore, both parametric and non-parametric t-tests were carried out as well as chi-square tests of association. The bivariate analysis was carried out based on all continued employees within the organisation on period 9, new starters and leavers. Descriptive statistics and inferential tests of association (chi-square) were carried out based on age group, gender, job name, full-time or part-time status, new starter and leaver status, demographic and diversity variables (see appendix iv). However, it is important to note that although most of the t-test and chi square test results are highly statistically significant, this does not necessarily mean that the associations are meaningful since "sometimes a statistically significant result means only that a huge sample size was used" (Sullivan & Fein, 2012 p 280). Effect sizes, rather than significance levels, are therefore used to guide interpretation in these analyses. Effect sizes were calculated using an online tool, which allows for deriving the effect size result dependent on the test used originally (e.g. t-test) and the number of degrees of freedom. These factors determined the type of test used in the tool, using Cramer's V reported as *v* (the effect size), which could be small (little magnitude difference or effect between groups), medium (medium magnitude difference or effect), or large (large magnitude difference or effect) (Iolongo, 2016; Sullivan & Fein, 2012; Wilson, 2017). T-tests were carried out on contracted hours by gender, age group and job role on: working hours; years in services; unpaid leave; full-time equivalent pay (Maher, Markey, & Ebert-May, 2013; Sullivan & Fein, 2012).

#### 4.2.4.5 Study 2 Analysis

A cohort study was conducted of those employees that linked across the three-year period from 2011 using chi-square tests to examine the impact of a number of variables

from 2011 across the three years. Due to the large sample size, all associations were shown as statistically significant. Therefore, the standardised residuals were assessed for an indication of where the largest departures from random lay were located (Otto et al., 2011).

## 4.2 Results of Phase One Secondary Data Analysis (Study 1)

### *4.2.1 Introduction to the Data*

Secondary descriptive data were derived for the overall workforce for three separate years from 2011 to 2013 for the entire working population. The data were aggregated from 21 sources (seven per year) by a unique identifiable employee number linking across the various data sets to form three master datasets (one for each year, as discussed). The final master data sets also included those individuals that had left the business between 2011-2013 as well as those who had started at some point within 2011-2013 (up until period 9, or each year which is one pay roll month from August-September) and who were therefore classed as a ‘new starter’.

In 2013, there were a total of 76,379 cases available for analysis (75,786 in 2012, and 76,592 in 2011). Where the analyses are carried out on those aged 50 and over, this group will be referred to as ‘older workers’.

In the current section (4.2), trends will be reported by year and comparisons based on age (with a focus on older workers), gender, job type and a range of other diversity and business indicator variables as well as sickness absence trends. The discussion in this results section focusses on 2013 unless there are any particular noteworthy trends, but the details of all three years are given in the tables. Diversity data relating to for example ethnicity, religion and sexual orientation are not represented due to incomplete nature of this dataset (see appendix iv). All tests were carried out in 2011, 2012 and 2013 data and unless stated the patterns reported were consistent across the three years.

Table 4-5 Total number of employees in 2011-2013 by age ≥ 50, gender and employment status

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| **Total N** | **76,592** | **75,383** | **76,379** |
| **Female n (% within total N)** | 46,714(61) | 44,929 (60) | 44,784 (59) |
| **Male n (% within total N)** | 29,878(39) | 30,454 (40) | 31,595 (41) |
| **Existing Employees n (% within total n)** | 67,834 (89) | 67,230 (89) | 63,618 (83) |
| **Leavers[8] n (% within total n)** | 8,758 (11) | 8,153 (11) | 12,761 (17) |
| **New starter[9] n (% within total)** | 8,235 (11) | 9,299 (12) | 6,857 (9.0) |
| **≥ 50 years old n (% within total N)** | 18,643 (24) | 17,947 (24) | 19,244 (25) |
| **Female n (% within Age ≥ 50)** | 14,343 (77) | 13,694 (76) | 14,596 (76) |
| **Male n (% within Age ≥ 50)** | 4,300 (23) | 4,253 (24) | 4,720 (24) |
| **Existing Employees n (% within Age ≥ 50)** | 17,106 (92) | 16,718 (93) | 17,348 (90) |
| **Leavers n (% within Age ≥ 50)[10]** | 1,537 (8.2) | 1,229 (6.8) | 1,896 (9.9) |
| **New starter n (% within Age ≥ 50)** | 656 (3.5) | 641 (3.6) | 551 (2.9) |
| **Full-time n (% within Age ≥ 50)** | 4,545 (24) | 4,486 (25) | 4,736 (25) |
| **Part-time n (% within Age ≥ 50)** | 14,129 (76) | 13,455 (75) | 13,518 (70) |
| **No record of full-time/part-time status (% within Age ≥ 50)** | 0 (0.0) | 6 (0.0) | 990 (5.1) |
| **Full-time Female n (% within Age ≥ 50 Females)** | 2,104 (15) | 2,051 (15) | 2,198 (15) |
| **Part-time Female n (% within Age ≥ 50 Females)** | 12,239 (85) | 11,640 (85) | 11,746 (81) |
| **No record of full-time/part-time status Female n (% within Age ≥ 50 Females)** | 0 (0.0) | 3 (0.0) | 636 (4.4) |
| **Full-time Male (% within Age ≥ 50 Males)** | 2,410 (56) | 2,435 (57) | 2,538 (55) |
| **Part-time Male n (% within Age ≥ 50 Males)** | 1,890 (44) | 1,815 (43) | 1,772 (38) |
| **No record of full-time/part-time status Male n (% within Age ≥ 50 Males)** | 0 (0.0) | 3 (0.0) | 354 (7.5) |

[8] Please note 'leavers' could also be classified as 'new starters' therefore the percentages do not add up to 100.

[9] As above

### *4.2.2 Overall Workforce by Age and Gender*

Table 4-5 shows that existing employees, at the snapshot period 9 represented 83% (n=63,618) of the workforce with 17% (n=12,761) leaving within the year and 9% (n=6,857) being new starters (n=2,103 were classified as both leaver and new starters within a year). 59% (n=44,784) of the overall workforce were female while 76% (n=14,596) of older workers were female. The proportion of the workforce aged 50 years old and over was 25% (n=19,244), representing an increase from the previous two years, 2012 (24%, n=17,947) and 2011 (24%, n=18,643).

Older workers were also significantly more likely to be female ($X^2$ [1, N =76,379] =3012.3 p <0.001, *v*=0.4)[11] than younger workers. In 2013, females were significantly older (M=41, SD=14) than males in the workforce (M=34, SD=13) (*t* [76,379] =-71.9, p <0.0001, *v*=-0.5)[12]. Within the older workers' cohort, there were 17,348 existing employees and 551 new starters in 2013 (Table 4-5).

The level of existing employees showed a decrease since 2011 from 92% (n=17,106) of all older workers to 90% in 2013 (n=17,348), while the proportion of leavers in the older workers' group has increased since 2011 from 8.2% (n=1,537) to 9.9% (n=1,896) in 2013. Only 2.9% of older workers were new starters, which is less than the proportion of new starters within the overall workforce (9%, n=6,857), and the difference was significant ($X^2$ [1, N =76,379] =1176.95, p <0.001, *v*=0.3)[13]. Similarly, older workers were significantly less likely to leave the business (9.9%, n=1,896) compared to younger workers (17%) ($X^2$ [1, N =76,379] =868.7, p <0.001, *v*=0.2)[14].

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[11] The effect size was medium to large.
[12]There was a large effect size.
[13] The effect size was medium.
[14] The effect size was small.

Table 4-5 shows the number of part-time and full-time workers within the older worker group. These numbers are fairly consistent across the three years by gender apart from the proportion of those who do not have a classification of full or part-time status, which increased to 5.1% (n=990) in 2013 from 0.0% (n=0) in 2011. Overall, older workers were significantly more likely to be part-time in 2013 (70%) compared to the under 50s ($X^2$ [2, N =76,379] =386.1, p <0.001, *v*=0.2)[15]. Female older workers were much more likely to be part-time (81%, n=11,746); the reverse was true for men, where only 38% (n=1,772) of male older workers were part-time ($X^2$ [2, N =19,244] =3205.4, p <0.001, *v*=0.9)[16].

[15] The effect size was small.
[16] The effect size was large.

#### 4.2.2.1 Job Type Profile

Table 4-6 The breakdown of employees (2011-2013) by job type, age and gender

| | Job Type | Total n (% within total N) | ≥ 50 years old n (% within ≥ 50 years old) | ≥ 50 years old Female n (% within ≥ 50 years old Female) | ≥ 50 years old Male n (% within ≥ 50 years old Male) |
|---|---|---|---|---|---|
| **2013** | Management | 8,305 (11) | 1,775 (9.2) | 973 (6.7) | 802 (17.2) |
| | Supervisor | 9,751 (13) | 1,801 (9.4) | 1,441(9.9) | 360 (7.7) |
| | Operatives | 55,818 (73) | 14,744 (77) | 11,924 (82) | 2,820 (60) |
| | Other | 2,505 (3.3) | 924 (4.8) | 242 (1.7) | 682 (15) |
| | **Group Total n** | **76,379** | **19,244** | **14,580** | **4,664** |
| **2012** | Management | 8,084 (11) | 1,556 (8.7) | 862 (6.3) | 694 (16) |
| | Supervisor | 9,033 (12) | 1,610 (9.0) | 1,319 (9.6) | 291 (6.8) |
| | Operatives | 56,079 (74) | 13,988 (78) | 11,289 (82) | 2,699 (63) |
| | Other | 2,187 (2.9) | 793 (4.4) | 224 (1.6) | 569 (13) |
| | **Group Total n** | **75,383** | **17,947** | **13,694** | **4,253** |
| **2011** | Management | 2,274 (2.97) | 611 (3.3) | 377 (2.6) | 235 (5.5) |
| | Supervisor | 10,603 (14) | 2,491 (13) | 1,537 (11) | 955 (22) |
| | Operatives | 57,490 (75) | 14,408 (77) | 11,828 (82) | 2,580 (60) |
| | Other | 6,225 (8.1) | 1,131 (6.1) | 601 (4.2) | 530 (12) |
| | **Group Total n** | **76,592** | **18,643** | **14,343** | **4,300** |

Table 4-6 shows the numbers of employees in each primary category of job type. These were: ‘management’ (n=8,305); ‘supervisor’ (n=9,751); ‘operatives’ (n=55,818); and a generic ‘other’ category was created (n=2,505) which comprised all other remaining roles classed as ‘other management’ or ‘non-management’. A full list of job roles as listed in the raw data is as follows:

- Non-Management| Operative (n=55,818)
- Non-Management| Supervisor (n=9,751)
- Management |Management (n=8,305)
- Other (n=2,505) including:
    - Non-Management| Skilled (n=1,340)
    - Non-Management| Admin & Support (n=816)
    - Non-Management| Graduate (n=1)
    - Non-Management| Management (n= 77)
    - Non-Management| Sales (n=43)
- Other Management including:
    - Management| Sales (n=57)
    - Management| Admin & Support (n=44)
    - Management| Sales (n=44)
    - Management |Supervisor (n=60)
    - Management| Graduate (n=1)
    - Management| Skilled (n=6)

Operatives (n=55,818), i.e. those responsible for serving customers within the food stores, are the lowest earners within the business and make up the majority of the business (73%). Management' represents those running the function of the business on a regional or national level and are the highest earners. Supervisors tend to work at a store level managing operative level employees and 'other management' tend to work in depots or hold other non-store based functions. 'Other non-management' tend to work on a regional or national level in a promotional marketing or customer service task orientated role.

Table 4-6 indicates that 'operatives' represented 73% (n=55,818) of the overall workforce in 2013 and 82% (n=11,924) of all female older workers were operatives. Out of the 14,580 women aged ≥ 50, only 6.7% (n=973) were managers, compared to 17% of the 4,664 male older workers. Although the number of managers was fairly evenly split (males n=802, 45%; females n=973, 55%), management was not reflective of the female dominant workforce. Out of all employees aged 50 years old, 76% (n=14,744) were operatives, 9.4% (n=1,801) were supervisors, 9.2% (n=1,775) were in management and

4.8% (n=924) were in other roles or had missing data. Operatives were significantly more likely to be older workers than under 50 ($X^2$ [13, N =76,379] =339.80, p <0.001, *v*=0.1)[17].

There was also some variation in numbers of older workers by job role across the three years. There was a decrease in older workers occupying supervisor roles: in 2011 13% (n=2,491) of supervisors were older workers, whereas in 2013 just 9.4% were older workers (n=1,801). This trend was particularly pertinent in the male older workers, where the proportion of male supervisors in 2011 was 22% (n=955), whereas in 2013 this figure was just 7.7% (n=360). On the other hand, there appears to be an increase in the proportion of older workers in management from 2011 (3.3%, n=612) to 2013 (9.3%, n=1,775). These trends can be compared to general fluctuations in staffing numbers. For example, the increased numbers of older workers in management was also reflected in numbers of managers across all ages. In addition, the increase was reflected in both male and female older workers, but interestingly with men the percentage of those older workers in management (excluding other management) stood at 5.5% (n=235) in 2011 and rose to 17% (n=802) by 2013 compared to just 6.7% (n=973) (up from 2.6%, n=377 in 2011) of management being female older workers in 2013. The drop in supervisors in the older worker population was not consistent with general fluctuations in numbers of supervisors of all ages, as a result barriers to the employment of older supervisors warrants further exploration in the qualitative stages of the study. Finally, for those in 'other' roles, there was also a drop in numbers of older workers overall, although this was consistent with fluctuations in those in 'other' roles in the overall workforce so does not merit further attention.

[17] The effect size was small.

Table 4-7 The breakdown of mean contracted hours, full-time equivalent pay and years in service (2011-2013) by age and gender

| | | **Overall Workforce Mean (SD)** | **≥ 50 years old Mean (SD)** | **≥ 50 years old Female Mean (SD)** | **≥ 50 years old Male Mean (SD)** |
|---|---|---|---|---|---|
| **2013** | Contracted Hours | 24 (12) | 26 (11) | 24 (9.7) | 32 (12) |
| | Full-time Equivalent Pay | £15,846 (£7,739) | £15,714 (£7,591) | £14,134 (£4,548) | £20,828 (£11,956) |
| | Years in Service | 6.7 (6.9) | 11.1 (8.9) | 9.6 (9.3) | 11.6 (8.4) |
| **2012** | Contracted Hours | 24 (11) | 25 (11) | 23 (9.6) | 32 (12) |
| | Full-time Equivalent Pay | £15,299 (£7,364) | £15,248 (£6,922) | £13,676 (£3,276) | £20,316 (£11,577) |
| | Years in Service | 6.4 (6.8) | 10.8 (8.6) | 11.2 (8.3) | 9.3 (9.0) |
| **2011** | Contracted Hours | 24 (11) | 25 (11) | 23 (9.6) | 32 (10) |
| | Full-time Equivalent Pay | £14,924 (£7,285) | £15,000 (£8,279) | £13,367 (£3,387) | £20,447 (£14,844) |
| | Years in Service | 6.2 (6.7) | 10 (8.5) | 11 (8.2) | 9.1 (9.1) |

#### 4.2.2.2 Contracted Hours

Table 4-7 (above) shows the figures for contracted hours across the three years by age and gender, which were consistent across the three years. In 2013, the mean contracted hours for the overall workforce was 24 hours (SD=12 hours); 26 hours (SD=11 hours) for older workers and 24 hours (SD=12 hours) for those under 50. Older workers had significantly higher contracted hours than the overall workforce ($t$ [76,377] =21.7 p <0.001, $v$=0.4)[18]. Older women had significantly fewer contracted hours than men (males, M=32, SD=12; females, M=24, SD=9.7); ($t$ [19,242] =48.6, p <0.001, $v$=0.9)[19]. Further

[18] The effect size was medium.
[19] The effect size was large.

analyses revealed that operatives in the older worker population showed lowest contracted hours (M=23, SD=9.4) and non-management skilled showed the highest (M=47, SD=3.8). Operatives had significantly fewer contracted hours (M=22, SD=9.5) than non-management/supervisors (M=31, SD=8.6); (*t* [16,543] =-36.9 p <0.001, *v*=0.8)[20].

4.2.2.3 Full-time Equivalent (FTE) Pay Trends

Table 4-7 shows the figures for FTE pay across the three years by age, gender and job type. In 2013, the mean FTE pay for the overall workforce was £15,846 (SD=£7,739). There were differences in trends across the three years in pay whereby the overall workforce saw increases in mean pay from £14,924 in 2011 to £15,846 (an average increase of £922) in 2013, yet this level of increase was not reflected in older workers, whereby the average pay of £15,000 in 2011 increased to £15,714 in 2013, accounting for a £714 increase, which is over 29% less than the average for the overall workforce. The full-time workforce earned on average £22,229 (SD=£12,242) while part-time workers earned on average £13,355 (SD=£1,628), which is 40% less than the full-time workforce. Older workers earned an average of £15,714 (SD=£7,591) while those under 50 earned an average of £15,894 (SD=£7,789), although there was no significant difference in FTE pay by age group (*t* [70,069] =-2.7 p=0.09). Across the overall workforce, females earned significantly less in terms of FTE equivalent pay (Males, M=£17,902, SD=£10,373; Females, M=£14,451, SD=£4,761); (*t* [70,069] =59.4, p <0.001, *v*=0.2)[21]. The same was true for older operatives: (Males, M=£14,613, SD=£3,168; Females, M=£13,088, SD=£678); (*t* [13,979] =46.9, p <0.001, *v*=0.4)[22]. Finally, supervisors in the older worker

[20] The effect size was large.
[21] The effect size was small to medium.
[22] The effect size was large.

population (M=£16,225, SD=£3,993) had significantly higher FTE pay than operatives (M=£13,370, SD=£1,607) ($t$ [15,696] =-55.5, p <0.001, $v$=-0.4)[23].

4.2.2.4 Years in Service Trends

Table 4-7 shows the figures for years in service across the three years by age, gender and job type. In 2013, across the workforce the mean years in service was 6.7 years (SD=6.9 years, Mdn=4.9 years) and for older workers was 11.1 years (SD=8.9 years). Further analyses across the whole workforce showed that there appears to have been a slight increase in the mean years in service since 2011 (2011 M=6.2 years, SD=6.7 years, Mdn=3.9 years; 2012 M=6.4 years, Mdn=4.3 years). Females across the workforce had significantly higher years in service (M =7.6, SD =7.1 years, Mdn=5.5 years) than males (M=5.4 years, SD=6.3 years, Mdn=3.4 years), ($t$ [76,318] =-42.7, p <0.0001, $r$=-0.2)[24]. In 2013, older females in the workforce also had more years in service (M =11.6 years, SD =8.4 years; Mdn=9.8) than older males in the workforce (Mdn=6.9, M =9.6 years, SD =9.3 years) although the difference was not significant ($t$ [19,224] =-14.1, p =0.5).

### *4.2.3 Leaver Analysis: Retirement Data*

In total 1,896 older workers left the business in 2013, which is 10% of the older workforce and 22% of these leavers left due to retirement. Table 4-8 shows the possible reasons attributed to individuals who left the business in 2013 along with the frequencies and percentages by age and gender. A number of trends by age and gender were displayed in the leaver category analyses. Firstly, female older workers were disproportionately represented in the older worker group within the retirement data for ill health (81%, n =17) and partial ill health (88%, n=15), although in the retirement analyses the split is proportionate (78% female, compared to 76% of the older worker population who were

[23] The effect size was large.
[24] The effect size was small.

female) and the difference in frequencies compared to expected frequencies across the retirement subgroups was not significant ($X^2$ [4, N =415] =2.5, p=0.64). Data accounting for other retirement reasons ('retirement normal' and 'retirement by business') were consistent with the proportion of men and women aged 50 years old and over in the workforce. However, males tended to retire earlier (29% of early retirees were male compared to just 24% of the older workers who were male) than females. 'Redundancy & Retirement' frequencies were too low to draw any inferences from (n=9 in the older worker group). Finally, male older workers were significantly more likely to be made compulsorily redundancy (56%, n=131) ($X^2$ [1, N =244] =7.0, p=0.008, *v*=0.1)[25].

[25] The effect size was small.

Table 4-8 Reasons for Leaving the Business by Age and Gender in 2013

| Leave Theme | Leave Reason | Overall workforce | | Aged 50 and over (%) | |
|---|---|---|---|---|---|
| | | **Total** (across all ages) | **Aged 50 and over** | **Female** | **Male** |
| **Retirement** | Retirement - Normal | 342 | 342 | 267 (78) | 75 (22) |
| | Retirement - Early | 36 | 34 | 24 (71) | 10 (29) |
| | Retirement - Ill Health Total | 22 | 21 | 17 (81) | 4 (19) |
| | Retirement - Ill Health Partial | 18 | 17 | 15 (88) | 2 (12) |
| | Retirement - By Business | 1 | 1 | 1 (100) | 0 (0) |
| | **Subtotal** | **419** | **415** | **324 (78)** | **91 (22)** |
| **Redundancy** | Redundancy - Compulsory | 604 | 235 | 104 (44) | 131 (56) |
| | Redundancy & Retirement | 9 | 9 | 8 (89) | 1 (11) |
| | **Subtotal** | **613** | **244** | **112 (46)** | **132 (54)** |
| **Resignation for Work-related Reasons** | Resignation - Dissatisfaction/Working Cond. | 47 | 13 | 9 (69) | 4 (31) |
| | Resignation - Dissatisfaction/Terms Of Emp. | 38 | 8 | 5 (63) | 3 (38) |
| | Resignation - Dissatisfaction/Mgmt | 37 | 11 | 10 (91) | 1 (9) |
| | Resignation - Long Hours | 22 | 7 | 6 (86) | 1 (14) |
| | **Subtotal** | **144** | **39** | **30 (77)** | **9 (23)** |
| **Resignation-Personal** | Resignation- Personal/Domestic Reasons | **1,148** | **185** | **140** | **45** |
| **Resignation due to Ill Health** | Resignation - Ill Health | **240** | **105** | **79 (75)** | **26 (25)** |
| **Death** | Deceased | **43** | **31** | **24 (77)** | **7 (23)** |
| **Resignation-general** | Resignation – | 3,012 | 248 | 187 (75) | 61 (25) |
| | Redundancy - Voluntary | 28 | 10 | 2 (20) | 8 (80) |
| **(continued overleaf)** | Resignation - Return To Studies | 972 | 2 | 2 (100) | 0 (0) |
| | Resignation- Better Prospects | 933 | 42 | 28 (67) | 14 (33) |

| Leave Theme | Leave Reason | Overall workforce | | Aged 50 and over (%) | |
|---|---|---|---|---|---|
| | | **Total (across all ages)** | **Aged 50 and over** | **Female** | **Male** |
| **Resignation-general (continued)** | Resignation - Better Pay | 248 | 20 | 15 (75) | 5 (25) |
| | Resigned During Formal Procedure | 219 | 24 | 16 (67) | 8 (33) |
| | Resigned | 669 | 102 | 73 (72) | 29 (28) |
| | Resignation - Within Probationary Period | 232 | 34 | 23 (68) | 11 (32) |
| | Resignation - Leaving Area | 968 | 68 | 53 (78) | 15 (22) |
| | **Subtotal** | **7,281** | **550** | **399 (73)** | **151 (27)** |
| **End of Contract** | End Of Fixed Term Contract | 28 | 6 | 3 (50) | 3 (50) |
| | End Of Seasonal/Temporary Work | 424 | 16 | 10 (63) | 6 (38) |
| | **Subtotal** | **452** | **22** | **13 (59)** | **9 (41)** |
| **Dismissal** | Dismissal - Gross Misconduct | 611 | 77 | 38 (49) | 39(51) |
| | Dismissal - Attendance/Absenteeism | 368 | 21 | 14 (67) | 7 (33) |
| | Dismissal - Job Performance | 34 | 6 | 2 (33) | 4 (67) |
| | Dismissal - UK eligibility | 71 | 3 | 2 (67) | 1 (33) |
| | Dismissal - Misconduct With Notice | 48 | 8 | 2 (25) | 6 (75) |
| | Dismissal - Unsuitable During Probation | 188 | 12 | 6 (50) | 6 (50) |
| | **Subtotal** | **1,320** | **127** | **64 (50)** | **63 (50)** |
| **Dismissal-health related** | Dismissal - Medical Severance | **97** | **46** | **36 (78)** | **10 (22)** |
| **Other** | Transfer Of Undertaking | 354 | 102 | 78 (76) | 24 (24) |
| | Employment Break | 51 | 5 | 3 (60) | 2 (40) |
| | Mutual Consent | 146 | 25 | 18 (72) | 7 (28) |
| | **Subtotal** | **551** | **132** | **99 (75)** | **33 (75)** |
| **Total (% within group level)** | | **12,308 (100)** | **1,896 (15)** | **1,320 (70)** | **576 (30)** |

When looking at leave theme ‘Resignation for Work-related Reasons’, the frequencies were consistent by gender (77% (n=30) females; 23% males (n=9), in comparison to the gender distribution of the older workers (76% females; 24% males). However, when looking at the leave theme ‘Resignation-general’ there appears to be a slight disproportion of males (27%, n=151), compared to older workers in the overall workforce (24%), and the leave theme ‘End of contract’ shows that a disproportionate number of males aged 50 and over left for such reasons (41%, n=9), compared to females (59%, n=13). Finally, the leave theme ‘Dismissal’ shows the most disproportionate numbers of males represented in the leave data, whereby 50% (n=63) of all those aged 50 who were dismissed were male, compared to 24% of older workers in the overall workforce, although this association was not significant ($X^2$ [4, N =127] =5.3, p=0.38).

An analysis of the leave reason ‘Retirement – Normal’ by mean age is presented in Table 4-9 (below). This analysis was based on those who had been classed as ‘Retirement - Normal’. Other forms of retirement through ‘Ill Health- Total’ (2013 n=22, mean age=63 years) ‘Ill Health- Partial’ (2013 n=18, mean age=64 years) and ‘Early’ (2013 n=36, mean age=59 years) were excluded at this stage due to the small numbers and outliers. However, study 2 (presented later in section 4.4) investigates all those who retired (for all retirement reasons) either before state pension age (SPA) or after SPA, compared to those who extended their working life on or after SPA, or continued working before SPA.

Table 4-9 Average ages of employees leaving due to normal retirement by year, gender and job type

| | Job Type | 2013 Mean age (n) | 2012 Mean age (n) | 2011 Mean age (n) |
|---|---|---|---|---|
| **Female** | Operatives | 66 (245) | 64 (156) | 64 (168) |
| | Management | 62 (9) | 63 (8) | n/a |
| | Supervisor | 67(12) | 64(11) | 64 (16) |
| | All Job Types | 66 (267) | 64 (177) | 64 (193) |
| **Male** | Operatives | 67(58) | 67 (31) | 65(41) |
| | Management | 67 (4) | 66 (2) | n/a |
| | Supervisor | 64(2) | 66(6) | 64(5) |
| | All Job Types | 67(75) | 67(43) | 65 (48) |

Table 4-9 indicates that in 2013, males retired on average at a later age (M=67 years, SD=3.0 years) than females (M=66 years, SD=4.5 years) and across the three years there has been an increase in average retirement age for both genders (females 2011 M =64, 2013 M=66; males 2011 M=65, 2013=67). Table 4-9 also indicates that those in 'management' retire earlier than those in operative roles. In 2013, there was a 3.7-year difference between female operatives' average retirement age (M=66 years, SD=4.5 years) and females in management (M=62 years, SD=2.7 years) although the difference was not significant (*t* [160] =2.28, p=0.069) and the dataset was too small to draw firm conclusions, for example there were only nine female managers who retired in this time.

### *4.2.4 Sickness absence*

#### 4.2.4.1 Overall Sickness Absence Trends

The following was derived using a full year's data for each of 2013, 2012 and 2011 (excluding the Farms business) in respect of sickness absence as a cumulative figure and reasons for absence (if individuals had more than one absence type the reason attributed to the most hours within the full year's absence data was reported). Table 4-10 (overleaf) shows the breakdown of the top reasons for sickness absence by age and gender for the overall workforce. For the whole workforce and for older workers, Table 4-10 shows the total numbers of employees taking sickness. In addition, the percentages of those who took sickness as well as median sickness absence rates in a year and proportions of time off (of those who took sickness absence) across the three years by gender are presented.

Table 4-10 The total numbers of employees with one or more cases of sickness absence, sickness rates (% of possible days worked in a year by employee), long-term sickness and unpaid leave across a whole year (2011-2013) by age and gender

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| **Total N Employees** | **76,592** | **75,383** | **76,379** |
| **Overall Workforce Median (Mdn) Sickness Rate %** | 1.0 | 1.1 | 0.8 |
| **Total n Employees with ≥1 Sickness Episode** | **45,500** | **46,347** | **42,616** |
| **All Sickness Episodes Mdn Proportion of Time Off%** | 3.6 | 3.8 | 3.9 |
| **All Sickness Episodes Females n (% within Total n)** | 29,825 (66) | 29,663 (64) | 27,174 (64) |
| **All Sickness Episodes Males n (% within Total n)** | 15,675 (34) | 16,684 (36) | 15,454 (36) |
| **No. of older workers with ≥1 sickness episode (% Total n)** | **11,089 (24)** | **11,124 (24)** | **11,229 (26)** |
| **Older workers Mdn[26] Sickness Rate %** | 1.0 | 1.2 | 1.0 |
| **Older workers Sickness Episodes Mdn Proportion of Time Off %** | 4.0 | 4.3 | 4.6 |
| **Older workers Sickness Episodes M Proportion of Time Off (SD) %** | 18 (42) | 18 (40) | 29 (342) |
| **No. of females aged ≥ 50 with ≥1 sickness episode (% within ≥ 50)** | **8,883 (80)** | **8,882 (80)** | **8,954 (80)** |
| **≥ 50 years old Female Mdn Proportion of Time Off %** | 4.0 | 4.4 | 4.7 |
| **No. of males aged ≥ 50 with ≥1 sickness episode (% within ≥ 50)** | **2,206 (20)** | **2,242 (20)** | **2,275 (20)** |
| **≥ 50 years old Male Mdn Proportion of Time Off %** | 4.0 | 4.6 | 4.3 |
| **Total n Employees with one or more Long-term Sickness [27]Case (LTS) n (≥ 21 days) across the workforce** | **2,873** | **3,045** | **3,270** |
| **≥ 50 years old n Long-term Sickness Cases (LTS) (% within total LTS n)** | 1,169 (41) | 1,220 (40) | 1,285 (39) |
| **≥ 50 years old LTS Female n (% within LTS ≥ 50 age group)** | 817 (70) | 834 (68) | 916 (71) |
| **≥ 50 years old Female M LTS Days (SD)** | 46 (30) | 49 (34) | 57 (47) |
| **≥ 50 years old Female Mdn LTS Days** | 36 | 36 | 40 |

[26] Mdn =median. Sickness rate is calculated as a proportion time taken for sickness across the year see section 4.2.4.3.1 Calculating Indicative Sickness Absence Rates

[27] Long term sickness (LTS) is ≥ 21 consecutive days in accordance with organisational policy

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| **≥ 50 years old Male LTS Cases n (% within LTS ≥ 50 age group)** | 352 (30) | 386 (32) | 369 (29) |
| **≥ 50 years old Male M LTS Days** | 51 (37) | 53 (39) | 63 (54) |
| **≥ 50 years old Male Mdn LTS Days** | 38 | 38 | 43 |
| **Total n Employees with one or more Unpaid Leave (UPL) n Cases Across the Workforce** | **15,786** | **21,136** | **32,515** |
| **≥ 50 years old Unpaid Leave cases (UPL) n (% within total UPL n)** | 2,568 (16) | 3,086 (15) | 6,370 (20) |
| **≥ 50 years old Female Unpaid Leave cases n (% within UPL ≥ 50 age group)** | 2,008 (78) | 2,461(80) | 4,898 (77) |
| **≥ 50 years old Male Unpaid Leave n (% within UPL ≥ 50age group)** | 560 (22) | 625 (20) | 1,472 (23) |

There were a total of 42,616 (56%) employees with more than one sickness episode in 2013. As Table 4-10 shows, the median proportion of time off among those who had one or more sickness episodes was 3.8%. Moreover in 2013, of those who were off sick, 26% were older workers, which is slightly more than the overall representation of older workers in the workforce (25%, n=11,229) and this has increased since 2011 (24%, n=11,089). Across all older workers, the median amount of time off sick accounted for 1.0% of all time worked and in fact, older workers had significantly more time off than those under 50 (Mdn =0.7%); ($t$ [76,377] =5.8, $p <0.001$, v=0.07). There was also an increase in the proportion of time off from 2011 when looking at only those with sickness episodes, (2011 Mdn=3.6%) to 2013 (Mdn=3.9%). This increase was highest in older workers whereby the median sickness rate in 2011 was 4.0% and increased to 4.6% in 2013. However, looking at the whole workforce, there was a decrease in rates of sickness from 2011 (Mdn=1.0%) to 2013 (Mdn=0.8%), meaning the chances of becoming sick had decreased even though the proportion of time off, once sick had increased. Over the three years the median sickness rate increased to 1.2% in 2012 but in 2013 the rate returned to 1.0% as it was in 2011.

Within the overall workforce of those that had sickness absence, females had significantly higher proportions of their contracted hours off (Mdn=4.0%) than males (Mdn=3.2%) (*t* [42,616] =-3.4, $p <0.0001$, v=-0.02)[28]. The overrepresentation of females in sickness episodes and the higher proportions of their contracted hours off sick, meant that females had significantly higher rates of sickness absence (Mdn=1.1%) than males (Mdn =0.0%), (*t* [76,377] =-5.4, $p <0.0001$, *v*=-0.5)[29], indicating that females were also more likely to have an episode of sickness than males. Female older workers were also

[28] The effect size was small.
[29] The effect size was large.

over represented in the sickness data whereby 80% (8,955) had at least one sickness episode compared to the distribution of women in the older worker workforce (n=14,596, 76%).

When looking at older workers, females had significantly higher rates of sickness (Mdn=1.2%) than males (Mdn=0.0%), ($t$ [57,133] =-5.3, $p < 0.0001$, $v$=0.02)[30]. Of those with at least one episode of sickness, men had a lower median proportion of time off across the year (Mdn=4.3% of their contracted hours) (M=21%) than females (Mdn=4.7%) and this was a statistically significant difference ($t$ [11,229] =-1.1, p=0.05, $v$=0.3)[31].

Table 4-11 (overleaf) shows the numbers of sickness absence episodes by length of sickness episode and age and gender. Of those male older workers who took time off, 2.8% took between 50 and 99.99 days off compared to 1.7% in the overall workforce. However, male older workers were overrepresented in the longer-term episodes of absence and underrepresented on the 3-day episodes of absence (17% of all male older workers took 3 days compared to 28% of the overall workforce). Of the older men who took time off, just 17% took less than three days off compared to 27% in the overall workforce. This will be explored further in the long-term absence section.

[30] The effect size was small.
[31] There was a medium effect size.

Table 4-11 Sickness Absence in 2013 by Length of Absence in Days (across the year), Age and Gender (where one full day is taken as 7.5 hours calculated from absence hours

| **Length of Sickness Absence** | **N (%)** | **≥ 50 years old n (%)** | **≥ 50 years old Female n (%)** | **≥ 50 years old Male n (%)** |
|---|---|---|---|---|
| Fewer than 3 absence days | 21,108 (27) | 4,628 (24) | 3,852 (26.4) | 776 (16.6) |
| 3 to 5.99 absence days | 7,576 (10) | 1,962 (10.2) | 1,583 (10.7) | 379 (8.1) |
| 6 to 9.99 absence days | 4,143 (5.4) | 1,219 (6.3) | 981 (6.7) | 238 (5.1) |
| 10 to 14.99 absence days | 2,829 (3.7) | 889 (4.6) | 680 (4.7) | 209 (4.5) |
| 15 to 20.99 absence days | 1,881 (2.5) | 632 (3.3) | 487 (3.3) | 145 (3.1) |
| 21 to 29.99 absence days | 1,607 (2.1) | 552 (2.9) | 399 (2.7) | 153 (3.3) |
| 30 to 49.99 absence days | 1,640 (2.1) | 605 (3.1) | 446 (3.1) | 159 (3.4) |
| 50 to 99.99 absence days | 1,277 (1.7) | 505 (2.6) | 373 (2.6) | 132 (2.8) |
| 100 to 199.99 absence days | 483 (0.6) | 207 (1.1) | 135 (0.9) | 72 (1.5) |
| More than 200 absence days | 68 (0.1) | 29 (0.2) | 17 (0.1) | 12 (0.3) |
| **Total Sickness** | **42,612 (55.8)** | **11,228 (58.3)** | **8,953 (61.4)** | **2,275 (48.8)** |
| **No Sickness** | **33,767 (44.2)** | **8,016 (41.7)** | **5,627 (38.6)** | **2,389 (51.2)** |
| **Total Overall Workforce** | **76,379** | **19,244** | **14,580** | **4,664** |

A baseline is needed to compare sickness absence figures from the business being investigated in order to gain some perspective on trends compared to the national average. In the UK in 2013 men lost an annual average 1.6% of their hours due to sickness in comparison to women who lost 2.6% when calculated as a percentage of total hours usually worked (ONS, 2014c). The overall calculations for organisational sickness rate compared to the ONS figures are displayed in Table 4-12 (below) and show that the organisational sickness rate for the case study organisation (2.6%) is higher than the ONS average for the business sector (1.8%). However, it was not possible to include overtime in the calculation for the actual days worked per year and unpaid leave was also excluded, so the figure for this case study may have in fact been less than this or more respectively. Females displayed greater sickness rates (2.6%) compared to males (2.4%), which is comparable with the ONS data for females (2.6%) and males (1.5%), although the difference is marginal. The ONS sickness absence rates were 2.8% among those aged 50 and over category compared to 2.0% among those in the age 35-49 bracket; 1.5% in the 23-34 age group and 1.2% at the 16-24 year olds (ONS, 2014c), this effect is also comparable to the case study data where there was a 1% difference in sickness absence from 3.5% for 50-64 year olds compared to the overall workforce (2.6%).

Table 4-12 The organisational sickness rate by age and gender in comparison to the ONS rate of sickness absence in the private sector

| | Case study data 2013 Sickness Rate (based on contracted hours) % | ONS Business data 2013 Sickness Rate (based on actual hours) % |
|---|---|---|
| **Overall Workforce** | 2.6 | 1.6 |
| | | **ONS All Sector data 2013 Sickness Rate %** |
| **Females** | 2.6 | 2.6 |
| **Males** | 2.5 | 1.5 |
| **Over 50-64 year olds** | 3.5 | 2.8 |

4.2.4.2 Long-term Sickness and Unpaid Leave

Table 4-5 shows that older workers represents 25% of the overall workforce yet older workers represented 39% (n=1,285) of those who had long-term sick cases being older workers. Long-term sickness absences (or 'consecutive long-term sickness' meaning instances where a single sickness episode was 21 or days or more) were significantly longer in the older worker group. ($t$ [3,268] =4.3, p<0.001, $r$=0.1) (M=59 days, SD=50 days) compared to the under 50s (M=51days, SD=45 days)[32]. Of those older workers who took long-term sickness absence (n=1,285), men took a significantly longer time to recover (M=63days, SD=54 days) than women (M=57 days, SD=47 days) ($t$ [1,283] =1.8 p=0.03, $r$=0.1)[33]. This is also reflected in Table 4-11 where male older workers are overrepresented in the longer-term episodes of absence and underrepresented on the 3-day episodes of absence (17% of all male older workers took 3 days compared to 27% of the overall workforce).

[32] The effect size was small.
[33]The effect size was small.

Table 4-10 (on p.174) shows that older workers were over represented in the total sickness and unpaid absence cases and this has increased since 2011 from 16% (n=2,568) to 20% (n=6,370) in 2013, although there was no significant difference between age groups for length of unpaid leave [34] ($t$ [32,505] =-1.8, $p=0.35$). There were however, some significant differences by gender, with males taking more unpaid leave. In the overall workforce, males displayed significantly more unpaid leave hours (M=8.6 hours, SD=11 hours) than females (M=7.6 hours, SD=8.3 hours) [$t$ [32,505] =9.3 $p<0.0001$, $r$=0.1)[35]. However, the standard deviation was greater than the mean demonstrating that the data are skewed. The median number of unpaid leave hours for men in the overall workforce was 6.1 hours and women was 6.0 and due to the negligible difference, it could be that the significant difference is due to the skewed data. However, male older workers had significantly more unpaid leave hours (M=8.3 hours, SD=11 hours) than females (M=7.7 hours, SD=8.9 hours) ($t$ [6,386] =1.9 $p<0.0001$, v=0.02)[36]. Again, the standard deviation was greater than the mean suggesting that the data are skewed but there was a difference between the median number of hours of unpaid leave for men, which was 6.0 hours and for women was 5.9 hours.

#### 4.2.4.3 Reasons for Absence

Table 4-13 shows the breakdown of top reasons for sickness absence by age and gender for the overall workforce. Out of 42,616 records across the workforce, 79% (n=33,499) had an absence reason coded. The main reasons for sickness absence in 2013 were: cough/cold/flu/respiratory/throat (29%, n=7,171); gastrointestinal/upset stomach (25%, n=6,321); hospitalisation/post-operative recovery/injury (21%, n=5,263); back

[34] Unpaid Leave could be attributed to sickness if the employee does not want to use sick leave or does not have sick leave but there is no way of knowing what the actual reasons for UPL are.
[35] The effect size was small.
[36] The effect size was very small.

problems/MSD (11%; n=2,658); mental ill health (9%, n=2,362); headache/migraine (3%, n=809); and general debility (2%, n=398). Table 4-13 indicates a small proportionate increase by year for all categories apart from back problems/MSDs in older workers, whereas 'general debility' cases, appear to have decreased in number over the three years across the workforce.

The percentages of older workers represented within each given reason is displayed in Table 4-14, which shows that compared to the distribution of older workers in the overall workforce (25%), the older group is overrepresented within most absence types. Age group was significantly associated with sickness absence category, whereby older workers were most disproportionately represented (compared to the proportion of older workers in the overall workforce-25%) in the 'hospitalisation/post-operative recovery/injury' (34%) and 'back problems/MSD' (30%) categories ($X^2$ [6, N =24,982] =370.6, p <0.001, *v*=0.1)[37]. Cough/cold/flu/respiratory/throat, general debility and mental ill health were also key reasons for sickness absence (in the top five reasons) in the older worker group. Across the whole workforce, the median proportion of time off for mental ill health sickness absence was 16% (M=46%; SD=136%) and within the older worker group the median proportion of time off was 17% (M=40%, SD=98%), which represents an increase in mental ill health recovery time in older workers. A non-parametric Mann Whitney test of difference was carried out, due to the smaller sample size (n=2,362), and showed there was a statistically significant difference in the distribution of mental ill health time off of those who were off sick between under 50s and older workers (*U*=66,504,826 *W*=87,965,902 *Z*=12.27 p< 0.01), although the difference between the medians was not statistically significant (Z=0.73, $X^2$ [1, N =2,362] =0.66, p=0.42).

[37] The effect size was small.

Gender was significantly associated with sickness category in older workers whereby females were disproportionately more likely to be found in the 'headache/migraine', 'mental ill health' and cough/cold/flu/respiratory/throat', subgroups; ($X^2$ [6, N =6,551] =49.6, p <0.001, *v*=0.1)[38]. The percentage of female older workers is 76%, yet females represented 91% of 'headache/migraine' episodes within the older worker group and 86% of all mental ill health episodes. Table 4-13 also shows that the predominance of women increased from 83% (2011) to 86% (2013) of all mental ill health episodes in older workers. Further, older males who had one or more sickness episode for 'mental ill health' had a significantly higher distribution of absence rates (Mdn=15%) than females (Mdn=17%), (*U*=66,124,038 *W*=107,752,288 *Z*=-11.30 p<0.001), but the difference between the medians was not significant meaning the data were skewed (*Z*=1.65. $X^2$ [1, N =595] =1.36, p =0.24).

Table 4-14 shows the main absence types in older workers by median proportion of time off, organisational sickness rates and sickness absence hours. Mental ill health episodes show the highest proportion of time off in a year, accounting for just over half a day per every 100 days worked (0.53%; a total of 122, 197 hours), and with each worker suffering these conditions being off for an average (median) of 17% of their contracted hours. Back problems represented the second largest sickness rate at 0.35% of hours lost (sickness absence hours=80,968). This is followed by hospitalisation/post-operative recovery/injury (12%; organisational sickness rate 0.33%; sickness absence hours=75,714). 'Cough/cold/flu/respiratory/throat' episodes showed the lowest proportions of time off, of those who were off sick (3.5%), with an overall sickness rate of 0.18% for the organisation (sickness hours =40,807) and general debility represented the lowest

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[38] The effect size was small.

number of sickness hours and sickness rate across the overall workforce (sickness rate=0.02%; sickness absence hours=3,758).

Table 4-13 Number of cases by top reasons for sickness absence (primary absence reason per individual) of those completed in the sickness absence records by age and gender for 2011-2013

| **Reason for Absence** | | **Total number of recorded employees n (%within ≥ 50 years old n)** | | |
|---|---|---|---|---|
| | | **2011** | **2012** | **2013** |
| Gastrointestinal/upset stomach | **Total n** | **5,934** | **6,889** | **6,321** |
| | **≥ 50 years old n (% across total n)[39]** | **1,109 (19)** | **1,229 (18)** | **1,230 (20)** |
| | ≥ 50 years old Female (% within ≥ 50 n) | 917 (83) | 1,041 (85) | 1,020 (83) |
| | ≥ 50 years Male (%within ≥ 50 n) | 192(17) | 188 (15) | 210 (17) |
| Cough/cold/flu/respiratory/throat | **Total n** | **10,724** | **10,017** | **7,171** |
| | **≥ 50 years old n (% across total n)** | **2,674 (25)** | **2,473 (25)** | **1,848 (26)** |
| | ≥ 50 years old Female (%within ≥ 50 n) | 2,220 (83) | 2,079 (84) | 1,545 (84) |
| | ≥ 50 years old Male (%within ≥ 50 n) | 454 (17) | 394 (16) | 303 (16) |
| Hospitalisation/post-operative recovery/injury | **Total n** | **5,949** | **5,840** | **5,263** |
| | **≥ 50 years old n (% across total n)** | **1,970 (33)** | **1,904 (33)** | **1,806 (34)** |
| | ≥ 50 years old Female (%within ≥ 50 n) | 1,499 (76) | 1,498 (79) | 1,437 (80) |
| | ≥ 50 years old Male (%within ≥ 50 n) | 471 (24) | 406 (21) | 369 (20) |
| Back problems/Musculoskeletal Disorders (MSD | **Total n** | **2,970** | **2,930** | **2,658** |
| | **≥ 50 years old n (% across total n)** | **887 (30)** | **857 (29)** | **807 (30)** |
| | ≥ 50 years old Female (%within ≥ 50 n) | 663 (75) | 638 (74) | 621 (77) |
| | ≥ 50 years old Male (%within ≥ 50 n) | 224 (25) | 219 (26) | 186 (23) |

[39] Please note % do not add up to 100 because there are two cohort levels (aged 50 and over; males and females)

| Reason for Absence | | Total number of recorded employees<br>n (%within ≥ 50 years old n) | | |
|---|---|---|---|---|
| | | **2011** | **2012** | **2013** |
| Headache | **Total n** | **1,062** | **986** | **809** |
| | **≥ 50 years old (% across total n)** | **176 (17)** | **164 (17)** | **160 (20)** |
| | ≥ 50 years old Female (%within ≥ 50 n) | 150 (85) | 143 (87) | 146 (91) |
| | ≥ 50 years old Male (%within ≥ 50 n) | 26 (15) | 21 (13) | 14 (8.8) |
| Mental ill health | **Total n** | **2,645** | **2,692** | **2,362** |
| | **≥ 50 years old (% across total n)** | **618 (23)** | **660 (25)** | **595 (25)** |
| | ≥ 50 years old Female (%within ≥ 50 n) | 513 (83) | 544 (82) | 512 (86) |
| | ≥ 50 Male (%within ≥ 50 n) | 105 (17) | 116 (18) | 83 (14) |
| General debility | **Total n** | **7,227** | **7,068** | **398** |
| | **≥ 50 years old (% across total n)** | **1,839 (24)** | **1,770 (25)** | **105 (26)** |
| | ≥ 50 years old Female (%within age ≥ 50 n) | 1,509 (82) | 1,265 (71) | 74 (70) |
| | ≥ 50 years old Male (%within ≥ 50 n) | 330 (18) | 505 (29) | 31 (30) |

Table 4-14 Percentages by main reasons for absence, median (Mdn) proportions of time off across the year of those who were off sick, organisational sickness rate and sickness absence hours across the older worker group

| | **% who are older (out of total workforce) within sickness type** | **Proportion of time off for sickness absence Mdn % of a full year** | **Organisational Sickness Absence Rate %** | **Sickness Absence Hours** |
|---|---|---|---|---|
| **Mental ill health** | 25 | 17 | 0.53 | 122,197 |
| **Back problems/MSD** | 30 | 5.0 | 0.35 | 80,968 |
| **Hospitalisation/post-operative recovery/injury** | 34 | 12 | 0.33 | 75,714 |
| **Cough/cold/flu/respiratory/throat** | 26 | 2.0 | 0.18 | 40,807 |
| **General debility** | 26 | 2.4 | 0.02 | 3,758 |

4.2.4.4 Sickness Absence by Job Type

Table 4-15 (below) shows the median sickness rates as well as episodes of mental ill health by age and job type for 2011 to 2013.

Table 4-15 Median and mean sickness absence rates for the overall workforce by job type (% of possible days worked in a year by employee), mental ill health episodes and median sickness rates by age, year, job type and gender

| | Group | Management | Supervisors | Operatives |
|---|---|---|---|---|
| **Median Sickness Rate 2013** | Overall Workforce | 0.0 | 0.5 | 1.0 |
| **Median Sickness Rate 2013** | ≥ 50 years old | 0.0 | 0.7 | 1.2 |
| **Mental ill health Episode 2013** | ≥ 50 years old Total n | 67 | 66 | 442 |
| | ≥ 50 years old Female n (% within age group total n) | 39 (58) | 58 (88) | 407 (92) |
| | ≥ 50 years old Male n (% within age group total n) | 28 (42) | 8 (12) | 35 (7.9) |
| **Median Sickness Rate 2012** | Overall Workforce | 0.0 | 0.7 | 1.6 |
| **Median Sickness Rate 2012** | ≥ 50 years old | 0.0 | 0.8 | 1.5 |
| **Mental ill health Episode 2012** | ≥ 50 years old Total n | 63 | 78 | 503 |
| | ≥ 50 years old Female n (% within age group total n) | 41 (65) | 73 (94) | 423 (84) |
| | ≥ 50 years old Male n (% within age group total n) | 22 (35) | 5 (6.4) | 80 (16) |
| **Median Sickness Rate 2011** | Overall Workforce | 0.0 | 0.7 | 1.3 |
| **Median Sickness Rate 2011** | ≥ 50 years old | 0.0 | 0.8 | 1.3 |
| **Mental ill health Episode 2011** | ≥ 50 years old Total n | 27 | 107 | 443 |
| | ≥ 50 years old Female n (% within age group total n) | 15 (56) | 74 (69) | 398 (90) |
| | ≥ 50 years old Male n (% within age group total n) | 12 (44) | 33 (31) | 45 (10) |

The focus on mental health is justified because there were some increases in mental ill health in older females as identified in the previous section and represent the largest proportion of the over 50 work force (76%).

Table 4 14 shows that in 2013 across all ages, operatives had higher absence rates (Mdn=1.0%) than supervisors (Mdn=0.5%). Interferential test results comparing the means (acceptable due to the large sample size) showed this was a statistically significant difference; (*t* [65,567] =3.6, p <0.001, *r*=0.01[40]) although the standard deviation was higher than the mean for both operatives and supervisors, showing that the data are skewed. Further, older operatives had significantly higher sickness rates (M=19.8%) than supervisors (M=8.1%); (*t* [16,543] =1.7, p=0.005, r=0.01)[41].

Table 4-15 shows that where the primary sickness episode reason was mental ill health, for those aged 50 and over, by job type and gender there some variations. The proportion of older females represented in all job types within mental ill health sickness absence appears to be higher than their representation in their group within the workforce (76%); female older operatives equated to 92% of mental ill health sickness (compared to 86% of female older workers across the whole workforce represented within mental ill health). Of older females in management, the proportion suffering from mental ill health (58%, n=39) was higher than the proportion of older managers who are female (55%, n= 973).

The next phase of the analysis will look at the mechanisms, including sickness absence and a range of other predictor variables, which impact on retirement or the ability to extend working life across the full three years' data. However, a discussion of the

[40] The effect size was very small.
[41] The effect size was very small

current study (study 1) will now be made to clarify and explore the factors than need investigating further in study 2.

## 4.3 Discussion of Phase One (Study 1)

### *4.3.1 Age, Organisational Recruitment Policy and Remuneration*

In the group of older workers (aged 50 years old and over) there were 17,414 existing employees in 2013 and of these 3% (n=533) were new starters. This was significantly less than the proportion of new starters across the overall workforce (9.0%) and has potential implications for organisational recruitment policies in terms of increasing the numbers of older workers being recruited. This is particularly pertinent because older workers were significantly less likely to leave the business (10% of older workers were recorded as 'leavers' compared to 17% of the under 50 population), meaning that focussing recruitment within older workers could potentially have a positive effect on reducing staff turnover. This sentiment is echoed in Altman's (2015) government policy report stating that benefits of a focus on older workers include, among other factors, reduced skill shortage and lower staff turnover. These results in respect of lower levels of new starters may also lend support for the assertion that discrimination occurs within the recruitment process specifically (Goldberg et al., 2013). Further, Martin et al. (2014) argue that managers are less likely to offer training and development to older workers, so there is a need to increase awareness of the benefits of employing older workers such as on reduction in staff turnover.

The results also indicated some interesting variations in numbers of older workers by job role across the three years. For instance, there was a decrease between 2011 and 2013 in older workers occupying supervisor roles and this trend was particularly noticeable within older males. Yet there appears to be an increase in the proportion of

older workers in general (males and females) in management from 2011 (3.3%) to 2013 (9.2%). This is compared to just 2.6% of older females in management roles in 2011 and 6.7% in 2013, which was not consistent with the overall increases seen in management staffing. The overall reduction in older supervisors was also not consistent with general fluctuations of staffing levels of supervisors, and warrants further exploration in the qualitative stages of the study. This is in line with national figures demonstrating that although older workers aged 50-64 are more likely than workers aged 18-24 years old to be in management, they are less likely to be in management than the age 24-49 group (DWP, 2013). This also relates to the literature on EWL, which highlighted that males and females reported being undervalued (Porcellato et al., 2010: Business in the Community, 2015). The need to focus on recruitment of older workers identified here is consistent with Ross Altman's strategy Retain, Retrain, Recruit (2015), whereby older workers are seen as crucial for business. This research goes beyond the findings of Ros Altman's (2015) research by focussing particularly on older workers who are female and lower paid, while making comparisons within a range of sub groups.

In 2013, the older workers were significantly more likely to be part-time (70%) compared to the under 50s, which could be due to the availability of part-time work or older workers' preference for a form of 'bridge employment'. There could also be a link to gender in that a higher proportion of the older workforce is female (76%) compared to the overall workforce (59%). In this regard, Templer et al. (2010) found that gender was a key predictor of the financial reasons for EWL in that women were more likely to take on bridge employment for financial reasons than men. The gendered context to the ageing working population will be discussed in further detail below. In addition, in the retirement literature, 'image theory' in respect of how individuals view themselves closer to

retirement age and its subsequent theoretical explanation of retirement is linked to the phenomenon of older people forming the decision to take on 'bridge' employment and part-time work (Atchley, 1989; Wang, Zhan, Liu, & Shultz, 2008). This could also form part of the explanation behind these trends in part-time work. Finally, given the high levels of female older workers and their need to work part-time, the trends could also be driven by the need for flexibility due to caring responsibilities that often fall on older women (Aranki & Machiarelli, 2013; Harper & Hamblin, 2014; Reeuwijk et al., 2013, Weyman et al., 2013).

#### *4.3.2 Sickness Absence Trends: Overall*

The organisational sickness rate for the whole workforce was 2.6%, which is higher than the national average of 1.8% of days lost per year to sickness (ONS, 2014c). However, the figures for actual hours worked was not available, meaning overtime or unpaid leave were not included in the calculation, which may well have reduced or increased the case study sickness rate albeit marginally. Across all ages of the workforce the total number of people who had one or more episodes of mental ill health was n=2,647 per 76,379 employees (equivalent to a prevalence of 3.5%). This compares unfavourably to the Labour Force Survey, where the total number of cases of work related stress, depression or anxiety in 2014/15 was 440,000 cases, a prevalence rate of 1.4% of workers (HSE, 2015).

#### *4.3.3 Sickness Absence Trends in Older Workers*

In 2013, 25% of the workforce were older workers (n=19,316). However, 26% of all sickness absence related to older workers, and they had significantly higher sickness rates and a higher proportion of time off for sickness absence episodes (sickness rate Mdn=1.0%, proportion of time off Mdn=4.6%) than those under 50 (sickness rate Mdn =0.7%, proportion of time off Mdn =3.44%). Additionally, the organisational sickness rate

for 50-64 year olds was 3.5% compared to 2.6% in the overall workforce. This difference was expected when compared to baseline ONS data, where sickness absence was higher among older workers (2.8%) compared to 2.0% among those in the age 35-49 bracket; 1.5% in the 23-34 age group and 1.2% at the 16-24 year olds (ONS, 2014c). In the present study, the trends over time in increasing sickness absence in older workers was particularly marked in respect of long-term sickness absence. 39% of all long-term sick cases were older workers (M=59 days, SD=49 days). In addition, older workers were disproportionately represented in all lengths of absence increasingly from 6 to 9.99 absence days. In respect of short-term sickness absence, 17% of older workers took fewer than three days off when compared to the overall workforce (28%). This is consistent with research discussed in Chapter 2, suggesting that long-term sickness absence is higher for older workers while short-term sickness is higher in younger workers (Donders et al., 2012; Taskila et al., 2012).

The main reasons for sickness absence in older workers were 'hospitalisation/post-operative recovery/injury', 'cough/cold/flu/respiratory/throat', and 'back problems/MSD'. There was also a significant association between age group (under 50; aged 50 and over) and sickness absence category, whereby older workers were more likely to have mental ill health and general debility. In the older workforce, back problems represented the second largest sickness rate at 0.35% of hours lost (sickness absence hours=80,968), which was followed by hospitalisation/post-operative recovery/injury (12%; organisational sickness rate 0.33%; sickness absence hours=75,714). This is consistent with research that shows that musculoskeletal disorders are a major health problem in relation to older workers (Antonopoulou et al., 2007; Buckle, 2015; Crawford et al., 2010; HSE, 2010,2016; Marvel & Cox, 2016; Silverstein, 2008). Furthermore, the older workers took more time off per

key incident of mental ill health (cumulative) with a proportion of time off at 17%, compared to the whole workforce at 16%. This accounted for just over half a day per every 100 days worked (0.53%; a total of 122, 197 hours), and with each worker suffering from mental ill health being off for an average (median) of 17% of their contracted hours. This is consistent with the findings of a number of researchers who have found that mental ill health is a key health issue for older workers (Crawford et al., 2010; Ilmarinen, 2012; Taimela et al. 2007). In this regard, Crawford et al. (2009) carried out a review of the factors contributing to positive health and wellbeing in older workers and stated that there is a lack of good quality interventional research especially around reducing self-reported stress, anxiety and depression. Crawford's (2009) review also highlights several ergonomic mechanisms to improve the health and wellbeing of older workers, including implementing flexible shift patterns to suit employee needs and where possible offering day shifts. The current findings underline this assertion, based on the increasing sickness absence prevalence for a number of key health reasons, which will be discussed further in the context of gender in the following sections. Finally, when looking at unpaid leave[42] older workers (n=6,370) represent just 20% of all unpaid leave cases, and there was no significant difference in unpaid leave between age groups. Notwithstanding this, these figures show that older workers are over represented in the sickness absence data in respect of the numbers of sickness episodes (particularly long-term sickness) and underrepresented in unpaid leave cases in comparison to the overall working population. These findings will now be discussed in terms of the impact by gender and job type within the business.

[42] Unpaid Leave could be attributed to sickness if the employee does not want to use sick leave or does not have sick leave but there is no way of knowing what the actual reasons for UPL are.

### *4.3.4 Gender Trends*

There is a greater proportion of older female workers (n=14,596, 76%) than men (n=4720, 24%) than in the workforce overall (Female n=44,867, 59%; Male n=31,781, 41%) and this is especially so in the lower paid, 'operative' cluster of job types (Female n=11,927, 82%). As discussed in section 2.2.3, there is a need to explore gender differences, specifically focussing on women in the workplace due to their biological (Doyal & Payne, 2006; Bird & Rieker, 2008) as well as socially constructed gender differences at work (Payne, 2006; Payne & Doyal, 2010). Social differences related to gender include the type of work women tend to adopt (lower skilled, lower paid and more insecure roles) (Payne & Doyal, 2010), family roles (caring responsibilities in women) (Nelson & Burke, 2002; Abramson, 2007) and differences in health behaviour between men and women (such as willingness to report to health professionals being more common in women than men) (see for example, White, 2001; White et al., 2006). The findings of this study support the existence of social differences, which suggest there is still a dissonance between women's social role as well as a lack of equality between men and women in lower paid roles. Moreover, this is more pertinent in older age. This also consistent with findings from the Equal Opportunities Commission (EOC) who identified women tend to be clustered in the 5 Cs': catering, cleaning, caring, clerical and cashiering roles (Close the Gap, 2010; EOC, 2007) and additionally research suggesting that women tend to occupy less secure part-time work (EOC, 2006; Villosio et al., 2008). Conversely though, the results of this study showed that older females had more years in service (Mdn=9.78) than males in the workforce (Mdn=6.95), although the difference was not statistically significant, which contradicts the idea of women having fewer years in service due to discontinuous career trajectories (see for example, Lain & Vickerstaff, 2014).

In terms of retirement age, in this study women retired on average earlier than men (65 and 67 years respectively). To an extent this difference reflects the differing ages at which the SPA applied for men and women varying from age 65 to 62 years old in 2013 respectively, although the difference is less than the difference in pensionable ages in 2013, reflecting the removal of statutory retirement age (DWP, 2014). This policy change in removal of statutory retirement age may also be also reflected in the increases in average retirement age. Across the three years there was an increase in average retirement age for females, but also males, which is an unexpected finding considering that the SPA increased for females only (females 2011 M =64, 2013 M=66; males 2011 M=65, 2013 M=67) (DWP, 2014). Additionally, although the trends show that women show a higher risk of retirement due to ill health (81%, n=17 compared to 76% of older female workers), men had a higher risk of leaving the business early due to retirement (29%, n=10 of early retirees were male compared to just 24% of older workers), or due to compulsory redundancy (56% male, n=131). In addition, males were shown to have a greater risk of dismissal (50%, n=63) and their contract ending (41%, n=9) than females, which might reflect differences in workplace barriers to EWL. This supports the idea of differing workplace factors affecting older men and women in respect of EWL (see for example, Thorsen et al., 2012). These ideas will be discussed further in light of the analyses of a three-year cohort of individuals who retired or extended their working lives in study 2.

The proportion of older women represented in the sickness data (instances of sickness) (n=8,955, 80%) was higher compared to the proportion of older women in the overall work force (n=14,596, 76%). The sickness rate across the overall workforce was 2.4% for men and 2.5% for women. When compared to the literature, in the UK in 2013, men lost an average of 1.6% of their hours due to sickness in comparison to women who

lost 2.6% (ONS, 2014c) and older workers (made up predominately of females) (aged 50-64 year olds) overall lost 3.5% of their hours due to sickness in the case study organisation, which is higher than ONS figures for the age 50-64s at 2.8% (ONS, 2014c). Although, the sickness rate difference was less than the ONS data, the overrepresentation of women in the sickness data is consistent with previous findings, which suggest that sickness absence tends to be higher in women (Barmby et al., 2002; Laaksonen et al., 2008; Mastekaasa & Dale-Olsen, 2000). In the current research women were also more significantly likely to have an episode of sickness than males. Median sickness rates for men were significantly lower at 0.0% (the median is zero because there were a large number of absence rates) across the whole workforce (sickness cohort only: Mdn=3.2%), compared to women at 1.0% (sickness cohort only: Mdn=4.0%). Therefore, these findings support previous research indicating that female absence is higher than male sickness absence (Marmot, Feeney, Shipley, North & Syme, 1995; Barmby et al., 2002; Laaksonen et al., 2008; Mastekaasa & Dale-Olsen, 2000). Tuchsen et al., (2008) also found that female shift workers were more likely to become recipients of disability pensions after controlling for a number of variables including health and socio-economic status, so again whilst we cannot say how many retirees went on to claim disability pensions, our results, tentatively suggest that they may, given the level of ill-health reported in this group. However, it may be that higher levels of sickness absence were more reflective of them being in strenuous shift based retail roles rather than being female per se. Finally, there was an interesting finding in older workers and of those who took long-term sickness absence (n=1,285) in respect of a significant difference in recovery time between males (M=63 days, SD=54 days) and females (M=57 days, SD=47 days), with males taking longer time off when absent with long-term sickness. This supports the idea that men may respond differently to health triggers whereby they adopt fewer help seeking behaviours

and believe they are less susceptible to ill health, so may be less prone to take time off to recover from illness until it becomes more serious (Courtenay, 2000; White, 2001; White et al., 2006).

When exploring reasons for absence, results of this study suggest that women experience higher levels of depression, anxiety and stress related sickness absence in the business in comparison to their male counterparts. Females were significantly more likely to have the mental ill health sickness episodes. The percentage of older females in the older worker cohort was 76% yet females represented 86% of all 'mental ill health' cases in older workers. Increased mental ill health in females is consistent with previous studies suggesting that women experience and report more anxiety and depression, and women have higher rates of so-called "internalising" disorders, such as mood and anxiety disorders (Needham & Hill, 2010). These issues will be considered further in the qualitative phase of this study.

Men took significantly more unpaid leave[43] (M=8.6 hours, SD=11hours) than women (M=7.6 hours, SD=8.3 hours). The reason for this disparity may be that men may potentially take more unpaid leave for issues that they would not want to explain as a 'sickness episode' associated with stereotypes that exist about male roles (see for example, Wilkins et. al, 2008), although this would need further investigation. These findings suggest a need to explore gender differences in older workers in the next phases of the study with both females and males in terms of the reasons for these disparities in this case study analysis of older workers. Also, as discussed, previous research has shown there is a link between stress and age in older women (HSE, 2008). Study two will explore these relationships further in terms of any associations with other measures over the three years.

[43] Unpaid leave could be attributed to sickness if the employee does not want to use sick leave or does not have sick leave but there is no way of knowing what the actual reasons for UPL are.

*4.3.5 Job Type: Sickness and Age Trends*

Of those who were off sick, operatives had a significant higher proportion of time off (Mdn=4.0%) than supervisors (Mdn=3.0%). Females represented 86% of all older workers' mental ill health episodes (76% of all older workers were female) and 92% of all mental ill health episodes in operatives (where 82% of all olders females were operatives). Within management mental ill health episodes in older workers, only 58% were females compared to 76% of older workers being female. This is consistent with the Marmot Review (2010) findings, whereby lower socio-economic status and job control negatively affect health outcomes.

*4.3.6 Limitations of Phase One (Study 1)*

4.4.6.1 Data

The data were secondary and therefore had certain limitations in respect of the lack of control in ensuring accuracy, as highlighted in the methodology section. Interpretation of the findings and attributing causality is also limited at this stage due to the possibility of there being nuances at the level of the individual that cannot be revealed objectively. In addition, the missing data such as the lack of diversity data, detailing factors such as religion, ethnicity, and sexual orientation meant that the effects of these co-factors could not be explored. The use of sickness absence as an objective measure is also limited in that response biases may exist and, for example, issues associated with stereotypes, such as with mental ill health issues, may be under reported.

4.4.6.2 Context

In terms of the overall context of the Co-op, the data were collected prior to a large restructure and a subsequent relaunch of the organisation to realign themselves with their original values (Co-op, 2015). One particular limitation of Phase One of the study is that

the make up of the population was predominately female; while researchers have called for a focus on understanding the issues affecting women of the older workforce, it does limit the generalisability of the findings around EWL and the factors impacting on workplace health. Limitations also exist in terms of generalisability of the findings around job role and a greater range of roles and sectors (for example, manufacturing or more physically strenuous roles) would be needed in order to make assumptions for the general population of older workers. Finally, the organisation was subject to a number of financial changes and mergers throughout the data collection period and at the time of analysis, which means there are again limitations to the generalisability of the findings outside the case study context. These issues will be explored further in the next phase of the study.

### *4.3.7 Directions for Next Stages of the Secondary Analysis*

The descriptive and inferential statistics highlight key gender-based needs of the older workforce within the Co-op. Firstly, a number of social factors were also identified, pertinent to women, including their over representation in less well paid and part-time work. There was also an increase in reported sickness absence across the older work force over the three years' data collection period, with the biggest proportion of time off taken with mental ill health episodes being older females. The percentages of older female operatives taking time due to mental ill health issues has risen between 2011 and 2013. This could potentially be due in part to a response to the statutory changes in older women's pension entitlements, as well as a possible response to organisational changes within the Co-op. However, no inferences about the causes of this increase can be made at this stage; this will be explored in the next study. In terms of understanding how these identified health needs impact on extending working lives as an enabler or inhibitor; the next study (study 2- Phase One) will look at a range of variables (for example, gender, sickness absence, job role based on key findings) and how they impact on extending

working lives and retirement by using a discrete cohort of older workers who were in employment at the start of 2011 and tracking them over 3 years using an employee number.

## 4.4 Results of Phase One Extended Working Life Analysis of 2011 Cohort Data (Study 2)

### *4.4.1 Introduction to the Data*

The cohort used for this analysis comprised people who were in employment at some point in 2011 and for whom we had all of subsequent records for 2012 and 2013 were available. Following a cohort was useful to enable a proportion of employees present at baseline to have time to retire or extend their working life. This section presents the results of the analysis of a cohort of existing older workers from 2011 across three years (N=17,598) excluding those who left for reasons other than retirement (n=1,266). The 2011 cohort was split into five sub cohort categories:

- At or over State Pension Age (SPA) and retired at some point in 2011--2013 (n=750)
- Early retiree (having retired prior to SPA at some point in 2011--2013) (n=176)
- Over SPA at some point in 2011--2013 and Extended Working Life (EWL) (n=3,557)
- Under SPA and still working (n=13,112)

(see Table 4-17 and Table 4-18).

Each employee was assigned to one of the sub-groups depending on how they had been categorised at some point across the three years from 2011-2013, although this was not necessarily mutually exclusive. For example, both retirement and extending working life could both occur in the three years (as well as working under SPA), but the end-point category (the last category that occurred within the three years) was taken as the final

category and exact age was used as a cut off point for each category (e.g. post SPA) from each corresponding year (2011, 2012, 2013).

Descriptive statistics and inferential tests were carried out on the above subgroups to give an indication of the demographic and workplace factors (job descriptors) associated with the likelihood of individuals retiring or EWL before and after SPA.

Table 4-16 Mean and median age in 2013 of those who extended their working life by gender and job role

| | | **Age in years** | | | |
|---|---|---|---|---|---|
| | | **M (SD)** | **Mdn** | **Min** | **Max** |
| **Gender** | Female[44] | 67 (3.7) | 67 | 62 | 83 |
| | Male [45] | 71 (4.0) | 69 | 66 | 84 |
| **Job Role** | Operative | 67 (4.0) | 67 | 62 | 84 |
| | Supervisor | 66 (3.0) | 65 | 62 | 78 |
| | Management | 65 (2.7) | 64 | 65 | 71 |

[44] Females SPA between 60-61 years in 2011; 61-62 years in 2012; 61-65 years in 2013
[45] Males SPA was 65 years between 2011-2013

Table 4-17 Numbers, percentages and Chi-square test statistics of key demographic and workplace variables in 2011by sub cohorts of those that extend working life or retire across the three-year cohort

| **Key 2011 Demographic & Job Descriptor Variables** | | **Subgroup category** | | | | **Total (Overall Older Worker Cohort) n (%)** | ***p* value** |
|---|---|---|---|---|---|---|---|
| | | **At or Over SPA[46] & Retired n (%)** | **Early Retiree n (%)** | **Over SPA & EWL n (%)** | **Under State Pension & Still Working n (%)** | | |
| **Gender** | **Female** | 610(81) | 119(68) | 3,064(86) | 9,809(75) | 13,603 (77) | <0.0001 |
| | **Male** | 140 (19) | 57 (32) | 493 (14) | 3,306 (25) | 3,996 (23) | |
| **Years in Service (% within variable)** | **0-5 years** | 162 (22) | 42 (24) | 1,008 (28) | 4,980 (38) | 6,192 (35) | <0.0001 |
| | **5.01-10 years** | 194 (26) | 35 (20) | 909 (26) | 3,266 (25) | 4,404 (25) | |
| | **10.01-20 years** | 224 (30) | 44 (25) | 1,012 (29) | 3,259 (25) | 4,539 (26) | |
| | **20.01-30 years** | 129 (17) | 40 (23) | 504 (14) | 1,179 (9.0) | 1,852 (11) | |
| | **30.01-40 years** | 35 (4.7) | 12 (6.8) | 104 (2.9) | 390 (3.0) | 541 (3.1) | |
| | **40 years & over** | 6 (0.8) | 3 (1.7) | 20 (0.6) | 41 (0.3) | 70 (0.4) | |
| **Full-time Equivalent Pay (% within variable)** | **£10,000-20,000** | 713 (95) | 150 (85) | 3,462 (97) | 11,299(86) | 15,624 (89) | <0.0001 |
| | **£20,000-30,000** | 27 (3.6) | 12 (6.8) | 57 (1.6) | 1,005 (7.7) | 1,101 (6.3) | |
| | **£30,000-40,000** | 10 (1.3) | 11 (6.3) | 32 (0.9) | 590 (4.5) | 643 (3.7) | |
| | **£40,000-50,000** | 0 (0) | 2 (1.1) | 6 (1.6) | 119 (0.9) | 127 (0.7) | |
| | **£50,000-60,000** | 0 (0) | 0 (0) | 0 (0) | 43 (0.3) | 43(0.2) | |
| | **£60,000-70,000** | 0 (0) | 1 (0.6) | 0 (0) | 59 (0.5) | 60 (0.3) | |

[46] Females SPA between 60-61 years in 2011; 61-62 years in 2012; 61-65 years in 2013
Males SPA was 65 years between 2011-2013

| Key 2011 Demographic & Job Descriptor Variables | | Subgroup category | | | | Total (Overall Older Worker Cohort) n (%) | *p* value |
|---|---|---|---|---|---|---|---|
| | | At or Over SPA[47] & Retired n (%) | Early Retiree n (%) | Over SPA & EWL n (%) | Under State Pension & Still Working n (%) | | |
| **Job role** (% within variable) | **Operative** | 651 (89) | 137 (85) | 3,188(91) | 9,574(79) | 13,550 (82) | <0.0001 |
| | **Supervisors** | 70 (9.6) | 15 (9.3) | 267(7.6) | 2,006(17) | 2,358 (14) | |
| | **Management** | 7 (1) | 10(6.2) | 46(1.3) | 531(4.4) | 594 (3.6) | |
| **Contracted hours (per week)** (% within variable) | **0-5 hours** | 9 (1.2) | 2 (1.1) | 57 (1.6) | 89 (0.7) | 157 (0.9) | <0.0001 |
| | **5-10 hours** | 101 (13) | 14 (8.0) | 499 (14) | 521 (4.0) | 1,135 (6.4) | |
| | **10-15 hours** | 165 (22) | 25 (14) | 833 (23) | 1,075 (8.2) | 2,098 (12) | |
| | **15- 20 hours** | 237 (32) | 54 (31) | 970 (27) | 2,806 (21) | 4,067 (23) | |
| | **20-25 hours** | 87 (12) | 21 (12) | 440 (12) | 1,658 (13) | 2,206 (13) | |
| | **25-30 hours** | 49 (6.5) | 15 (8.5) | 316 (8.9) | 1,896 (14) | 2,276 (13) | |
| | **30-38 hours** | 43 (5.7) | 13 (7.4) | 230 (6.4) | 1,995 (15) | 2,281 (13) | |
| | **38-60 hours** | 59 (7.9) | 32 (18) | 212 (6.0) | 3,075 (23) | 3,378 (19) | |
| **Region (continued overleaf)** (% within variable) | **North** | 105(14) | 27(15) | 520(15) | 2,184(17) | 2,836 (16) | <0.0001 |
| | **North West** | 111 (15) | 33 (19) | 447 (13) | 1,641 (13) | 2,232 (13) | |
| | **Head office** | 5 (0.7) | 5 (2.9) | 23 (0.6) | 302 (2.3) | 335 (1.9) | |
| | **South East** | 93 (12) | 17 (10) | 439 (12) | 1,381 (11) | 1,930 (11) | |
| | **South West & Wales** | 185 (25) | 42 (24) | 1,026 (29) | 2,966 (23) | 4,219 (24) | |

[47] Females SPA between 60-61 years in 2011; 61-62 years in 2012; 61-65 years in 2013
Males SPA was 65 years between 2011-2013

| Key 2011 Demographic & Job Descriptor Variables | | Subgroup category | | | | Total (Overall Older Worker Cohort) n (%) | *p* value |
|---|---|---|---|---|---|---|---|
| | | At or Over SPA[48] & Retired n (%) | Early Retiree n (%) | Over SPA & EWL n (%) | Under State Pension & Still Working n (%) | | |
| **Region (continued)** | **Scotland NI IOM** | 100 (13) | 17 (10) | 402 (11) | 1,585 (12) | 2,104 (12) | <0.0001 |
| **(% within variable)** | **Logistics** | 22 (2.9) | 6 (3.4) | 33 (0.9) | 881 (6.7) | 942 (5.4) | |
| | **Uncoded** | 23 (3.1) | 4 (2.3) | 142 (4.0) | 500 (3.8) | 669 (3.8) | |

48 Females SPA between 60-61 years in 2011; 61-62 years in 2012; 61-65 years in 2013
Males SPA was 65 years between 2011-2013

### 4.4.2 *Gender and EWL or Retirement Trends in the 2011 Cohort*

Table 4-17 shows the overall the gender profile of older workers (2011-2013) was 23% (n=3,996) males and 77% (n=13,602) females. There was a significant association between gender and frequencies of retirees under or over SPA and employees EWL under or over SPA ($X^2$ [3, N =17,598] =222 p <0.001, *v*=0.1)[49]. Females were more likely to work up to (81%, n=610), or beyond SPA (86%, n=3,064) while men were more likely to retire early (32%, n=57).

Table 4-16 shows the median age in years for those in cohort study 2 who extend their working life for males (Mdn=69) and females (Mdn=67). This represents a difference of 2 years and is less than the difference in SPA between males and females from 2011, which ranged from 5 (in 2011) years to 0 (in 2013) years higher for males, so in this respect females extend their working life further past SPA than males.

### 4.4.3 *Years in Service and EWL in the 2011 Cohort*

As Table 4-17 shows, across the 2011 over cohort, the category with the highest frequency was 0-5 years in service (35%), while just 24% of early retirees (n=42) and 22% of retirees at SPA (n=162) were in the 0-5 years' service category. The majority of early retirees (48%) had between 10 and 30 years' service compared to 36% of the overall 2011 cohort. Not surprisingly, categories with increasing years in service (over 20 years) were more likely to be in the retirement subgroups than under 20 years of service categories. The 10-20 and 20-30 years' categories were significantly more likely to be in the EWL over SPA subgroup (for example, in the 10-20 years' category, n=1,012, 29%). These associations were also shown to be significant ($X^2$ [15, N =17,598] =305 p <0.001, *v*=0.1)[50].

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[49] The effect size was small.
[50] The effect size was small.

### *4.4.4 Full-time Equivalent Pay and EWL in the 2011 Cohort*

The majority of the older worker workforce were paid between £10-20,000 per annum (89%, n=15,624). Increasing pay over £20,000 per year decreased the likelihood of EWL, whereas those who earned £10-20,000 showed increasing likelihood of being in this subgroup. Finally, there was less likelihood of employees earning between £20-40,000 retiring at SPA (for example, those earning £20-30,000 n=27, 3.6%). These associations were significant, suggesting that being in the increasing earning categories had a large positive effect on chances of retirement ($X^2$ [15, N =17,598] =391 p <0.001, *v*=0.3)[51].

### *4.4.5 Job Type and EWL or Retirement in the 2011 Cohort*

As Table 4-17 shows, the majority of the 2011 older worker cohort were operatives (82%, n=13,550), while 14% were supervisors (n=2,358) and 3.6% (n=594) were in management. The majority of the 2011 cohort were operatives (82%, n=13,550), while 14% were supervisors (n=2,358) and 3.6% (n=594) were in management. Of those that retired at or over SPA 89% were operatives (89%, n=651), whereas management and supervisor categories were less likely to be in this subgroup. There were lower than expected frequencies of managers in the EWL over SPA subgroup (1.3%, n=46) as well as supervisors (7.6%, n=267), compared to operatives whereby there were higher than expected frequencies in the EWL subgroup (91%, n=3,188).

Table 4-16 on p. 201 shows that operatives who extended their working lives worked on average for longer (M=67 years, SD=4.0 years, Mdn=67 years, Min=62years, Min=84years) than supervisors (M=66 years, SD=3.0 years, Mdn=65 years, Min=62 years, Min=78 years) or management (M=65 years, SD=2.7 years, Mdn=64 years, Min=65 years, Min=71 years). Finally, when looking at the maximum age of employees who extend their working lives, the operatives category had the oldest workers (84 years) followed by the

[51] There was a large effect size.

supervisor category (78 years) and management (71 years). The differences in age distribution by job type, for those who EWL was also statistically significant ($H$ (2) =25, p<0.001).

### 4.4.6 Contracted Hours and EWL in the 2011 Cohort

As Table 4-17 shows, the biggest single group of employees (23%) in the older worker 2011 cohort worked between 15 and 20 hours per week and 19% worked in excess of 38 hours. The biggest single group of those who extended their working life past SPA worked between 15 and 20 hours per week (27%, n=970), while just 6% worked in excess of 38 hours per week. Finally, the biggest single group of early retirees were also contracted to between 15-20 hours per week (31%, n=54) while 18% worked in excess of 38 hours (n=32). Further, these associations were significant and there was a large effect size suggesting that working 15-20 hours per week had a strong relationship with extended working life or becoming an early retiree ($X^2$ [21, N =17,598] =2006 p <0.001, $v$=0.3)[52].

### 4.4.7 Region and EWL or Retirement in the 2011 Cohort

The region with the majority of older workers was the South West and Wales (24% of all older workers were in the South West and Wales, n=4,219), after which the North (16%, n=2,836) had the next largest number of employees, followed by the North West (13%, n=2,232). Finally, 19% of all early retirees were from the North West (n=33), the region where only 13% of the older workers are situated (13%, n=2,232). These associations were shown as statistically significant ($X^2$ [24, N =17,598] =320 p <0.001, $v$=0.1)[53].

[52] The effect size was large.
[53] The effect size was small.

Table 4-18 Numbers, percentages and Chi-square test statistics of sickness absence and absence reason variables in 2011by sub cohorts of those that extend working life or retire across the three-year cohort and inferential test statistics

| | | Sub-cohort category | | | | | |
|---|---|---|---|---|---|---|---|
| | | At or Over SPA & Retired | Early Retiree | Over SPA & EWL | Under State Pension & Still Working | Total (Overall Older Worker Cohort) | |
| **2011 Sickness Variables** | | **n (%)** | **n (%)** | **n (%)** | **n (%)** | **n (%)** | ***p* value** |
| **Sickness or No Sickness (% within variable)** | No sickness | 327(44) | 66(38) | 1,432(40) | 5,334(41) | 7,159 (41) | 0.302 |
| | Sickness | 423(56) | 110(63) | 2,125(60) | 7,781(59) | 10,439 (59) | |
| **Absence Reason (continued overleaf) (% within variable)** | Mental ill Health | 12(3.3) | 6(6.7) | 79(4.0) | 449(6.9) | 546 (6.3) | <0.0001 |
| | Hospitalisation/post-operative recovery/injury | 77(21) | 18(20) | 412(23) | 1,335(21) | 1,842 (21) | |
| | General debility | 95(26) | 22(25) | 359(20) | 1,251(19) | 1,727 (20) | |
| | Back problems/MSDs | 27(7.5) | 8(9.0) | 147(8.2) | 647(10) | 829 (9.5) | |
| | Gastrointestinal/upset stomach | 35(9.7) | 11(12) | 203(11) | 811(13) | 1,060 (12) | |

| 2011 Sickness Variables | | Sub-cohort category | | | | Total (Overall Older Worker Cohort) | |
|---|---|---|---|---|---|---|---|
| | | At or Over SPA & Retired | Early Retiree | Over SPA & EWL | Under State Pension & Still Working | | |
| | | n (%) | n (%) | n (%) | n (%) | n (%) | *p* value |
| **Absence Reason (continued)**<br>**(% within variable)** | Headache/ migraine | 4(1.1) | 1 (1.1) | 31(1.7) | 137(2.1) | 173 (2.0) | <0.0001 |
| | Cough/cold/ respiratory | 112(31) | 23(26) | 566(33) | 1,854(29) | 2,555 (29) | |

*4.4.8 Sickness and EWL or Retirement in the 2011 Cohort*

As Table 4-18 (above) shows, there were no significant associations between having one or sickness absence episodes in 2011 and retirement or extending working life sickness absence episodes in 2011 and retirement or extending working life.

*4.4.9 Primary Sickness Absence Reason and EWL or Retirement in the 2011 Cohort*

When exploring sickness absence episodes by primary absence reason, there were some significant trends in respect of mental ill health and general debility as shown in Table 4-18. Firstly, those who took mental ill health sickness absence were less likely to be part of the 'over SPA and EWL' subgroup (4.4%, n=79) and the 'at or over SPA and retired' subgroup (3.3%, n=12), but more likely to be part of the 'under SPA and still working' subgroup (7%, n=449) when compared to the distribution of mental ill health in the overall older worker cohort (6.3%, n=546). Finally, individuals who took sickness absence for general debility were more likely to be in the early retiree subgroup (26%, n=95) compared to the overall cohort (20%, n=1,727). Further, these associations were significant ($X^2$ [18, N =8,732] =51 p <0.001, $v$=0.1)[54].

## 4.5 Discussion of Phase One (Study 2)

*4.5.1 Gender, Retirement and EWL*

As shown in the results of study 2 in the previous section, there was a significant effect of gender on chances of being in the retirement and EWL subgroups, whereby females were more likely to retire at state pension (females 81%, n=810; males 19%, n=140) and extend their working life (females 86%, n=3,064; males 14% n=493), while men were more likely to retire earlier (32%, n=57; females 68%, n=119). Females were also shown on average to extend their working life further past SPA than males. These results appear to be in contrast to the results of study 1, whereby in 2013 females were

[54] The effect size was small.

more likely retire early due to ill health, whereas study 2 (a longitudinal cohort over 3 years) suggests that men are more likely to retire before SPA for any retirement type (including ill health). However, this could be due to the focus on study 1 being only in 2013, which could have been reflective of mergers and other changes in the business at the time. Themes that have emerged from the literature that might explain these findings are: differences in financial incentives to retire with women more likely to EWL due to financial constraints (Micheel et al., 2011; Templer et al., 2010; Arpaia, Dybczak, & Pierini, 2009); impacts of partner retiring on chances of retiring (Rice et al., 2011; Karanika-Murray & Baguely, 2016); women's discontinuous employment histories (Arpaia, Dybczak, & Pierini, 2009; Eurostat, 2015b) and differences in the health needs of older men and women (see for example, Payne and Doyal, 2006; Rice et al., 2011). The current findings support the trend that individual decisions in respect of participation in the labour force are influenced by gender, however it contradicts the notion that women are less likely than men to work past their mid-sixties (Lain & Vickerstaff, 2014). This could be partly driven by the educational level of the majority of the workforce whereby those with lower levels were more likely to EWL in the UK (Hofacker et al., 2016) and partly by changes to statutory pension age in women (DWP, 2014a). The results presented from study 2 in respect of females being more likely to EWL and on average doing so for longer support the business case whereby older women present an opportunity in terms of extending working lives and improving the economic chances of survival within the European Union (Kadefors, 2011). The next qualitative phase of the research presents further explore the gender-based factors identified in study 2 of Phase One.

#### *4.5.2 Job Descriptors, Retirement and EWL*

Operatives were more likely to EWL than management and supervisors (operatives 91%, n=3,188; supervisors 7.6%, n=267; managers 1.3%, n=46) and increasing pay over

£20,000 per year decreased the likelihood of EWL. In addition, of the cohort of employees who extend their working lives, operatives had on average the oldest workers (84 years) followed by supervisors (78 years) and management (71 years). Both of these job-related factors can also be related to gender. Firstly, in study 1 the majority of older operatives were female (82%, n=11,927) and secondly, females across the whole workforce were paid significantly less than males (Males, M=£17,947, SD=£10,397; Females, M=£14,460, SD=£4,767). The current study's findings of pay and job role impacting on chances of EWL supports research suggesting that increasing social status (including pay and occupational role) has been shown to predict retirement in the UK (Radl, 2013). However, in terms of implications that could be drawn regarding the impacts of increasing pay on retirement, it is important to note there may also be a relationship with pension entitlement and increasing pay because the organisation offers a company pension scheme.

A further job related factor shown to impact EWL in the current study is contracted hours. Fewer contracted hours was shown be associated with both retirement and extended working life across the three years, with those in part-time categories (15-20 hours) being more likely to both retire (31%, n=54) and EWL (27%, n=970), while just 6% of those in the EWL subgroup worked more than 38 hours per week compared to 18% of the early retiree subgroup (n=32). This mirrors national trends whereby the majority of older workers were shown to be part-time, especially in the over 65s (DWP, 2013). However, another factor when considering contracted hours is that the majority of older part-time workers were women, as highlighted in study 1 of the results (81%, n=11,746).

As described in the literature, women and men's work is fundamentally different (see for example, Shacklock, Brunetto & Nelson, 2009) and subsequently decisions around EWL or retirement decision-making are also different (see for example, Armstrong-Stassen & Staats, 2012; Loretto & Vickerstaff, 2013). Therefore, this research supports

previous trends indicating that women's work is more likely to be less secure, part-time, and undervalued, in terms of pay (EOC, 2006; Eurostat, 2015b; Villosio et al., 2008). Finally, increasing years in service was also shown to predict retirement at SPA, which aligns with the results of study 1 showing that older females have on average more years in service (Mdn=9.78) than males (Mdn=6.95), although the difference was not significant.

#### *4.5.3 Region, Retirement and EWL*

Employees located in the North and North West of England had a significantly higher chance of retirement, whereas those in the South West and Wales were more likely to EWL. This is consistent with trends in the North East and North West, whereby individuals had the lower life expectancy and the Disability Free Life Expectancy (DFLE) in England in 2009 to 2011 according to the ONS (2014a) in comparison to the South West. For example, the DFLE was 65.1 in the South West compared to 61.0 in the North West and 60.4 in the North East. Furthermore, in the ONS baseline sickness data, 2.2% of average hours per year were lost on sickness in the North West and 2.4% in the North East compared to 2.1% in South West (ONS, 2014a), which are consistent with the findings of this study in respect of EWL. As health is cited as the single biggest factor acting as a barrier to EWL, those in the North West and North may be retiring as a result of ill health. This will be explored further below.

#### *4.5.4 Health, Retirement and EWL*

Sickness absence reason was significantly associated with retirement and extended working life in the present research using the three years 2011 cohort data. General debility predicted early retirement, while those with mental ill health were less likely to EWL. In addition, as highlighted, being situated in the North and North West region (which is associated with poorer health outcomes) also increased the likelihood of retirement. Poor health was identified in the literature as the single most influential barrier

to EWL (Humphrey et al., 2003; McNair et al., 2004; Phillipson & Smith, 2005; Loretto and White, 2006; Larsen, 2008; Porcellato et al. 2010; Brown & Vickerstaff, 2011; Rice et al., 2011; Aranki & Macchiarelli, 2013; De Preter Van Looy & Morlemans., 2013; Weyman et al., 2013; Hofacker et al., 2016; Solem et al., 2016). Social status, in terms of social inequalities seen in the North and North West regions, were also highlighted as a barrier to good health in the literature (ONS, 2014). The current study supports the previous studies and shows that the impacts of poor health continue in the face of changes across the UK in statutory pension age, which have been criticised for not accounting for social inequalities (Macnicol, 2015). Therefore, the current research supports evidence that there is still a disparity associated with socioecomomic status, which potential impacts on the ability to work for longer.

In terms of gendered aspects to health there may also be an interaction, in that the workforce is majority female. The current finding in study 2, whereby those with mental ill health were less likely to EWL also supports research emphasising the gendered context to health and wellbeing, as well as retirement, and supports the need for further research in this area (see for example, Payne and Doyal, 2010; Lain and Vickerstaff, 2014). Health impacts on retirement are said to be through a number mechanisms associated with how the employee felt and perceived future decline in ability to work, and the ways in which employers felt about their health and perceived declines in ability at work (de Wind et al. 2013). These subjective factors will be explored in the next phase.

Finally, the majority of the workforce were classed as ‘operatives’ and research shows that health is a better predictor of retirement when explored by occupation. For instance, strenuous occupations (Banks & Casanova, 2003; DWP, 2014b; Haukeness et al., 2011; Ilmarinen, 2012), shift work (Harris & Higgins, 2006 cited in Yeomans, 2011; Tuchsen et al., 2008), unfavourable ergonomic and physical environments such as the

retail industry (Haukeness et al., 2011), where there are greater risks of developing chronic venous insufficiency and musculoskeletal pain (International Labour Organisation (ILO) (2011)). The impact of job type and the nature of work on extended working lives will be explored further in the next qualitative phase of the study.

### *4.5.5 Limitations of the study*

#### 4.6.5.1 Data

As with the first stage of the secondary data analysis, there are a number of limitations associated with the data and these will be elaborated on in relation to the nature of the over 50 cohort used in the Study 2 analysis and the EWL/retirement cohort classification, as well as the longitudinal aspect of the study. Specifically, there are limitations associated with incompleteness of the dataset regarding the health reason related variables, which varied slightly across the three years (less complete in 2011 than 2012-2013) and therefore, may have some impacts on the extent to which the attribution of causality can be made. Therefore, the chances of making a type I or type II error are increased. Although the categories used to classify retirement were robust, a key limitation was the inability to track when a participant has moved from full-time to part-time for reasons of ill health or leading towards retirement, which would benefit from being explored further.  Similarly, those who had left due to reasons of retirement but were classed as 'leavers', not retirees, have not been captured in the analysis because it was difficult to attribute reasons for leaving as retirement, even at an older age, with any certainty.

#### 4.6.5.2 Context

Again, as with study 1 the sample in the over 50 cohort was predominately made up of females, which limits the generalisability of this study because there will be likely unique gendered social factors impacting at an individual, community and organisational

level that impact on the experiences of facilitators and enablers of EWL. Future research would benefit from examining more mixed environments. The lack of contextual opportunity to explore the data of those in full-time work (the majority of the sample were part-time workers) could also be a limitation because there is a need to explore transitions from full-time to part-time work, particularly in older workers around bridge employment. It may also be the case that the context of varying organisational pension schemes and sickness absence policies affected the data and due to previous mergers, these historic changes cannot be captured. These factors will be further explored in the next stages of the research.

#### 4.6.5.3 Directions for Next Phases of the Study

This study has identified that gender (being female), decreasing pay, hours and years in service, being in operative roles and region (South West and Wales region) are precursors to EWL and this is a statistically significant relationship. Whereas, being male, increasing pay, hours and years in service, being in the North and North West predicted retirement and general debility predicted early retirement. Those with mental ill health were less likely to EWL. The results show that, even post removal of the statutory retirement age and increasing pensionable age, health and gender are key factors impacting on individuals' abilities to extend their working lives. The next phases of the study will explore these issues by firstly, with regards to gender stratifying the sample in order to speak to a predominately number of females (11 participants) compared to males (4 participants). Secondly, with sickness absence, an indicator of health, the questions with both employees over 60 years old and supervisors have been tailored to understand underlying impacts in terms of healthy environments for instance.

## 4.6 Summary of Findings from Phase One

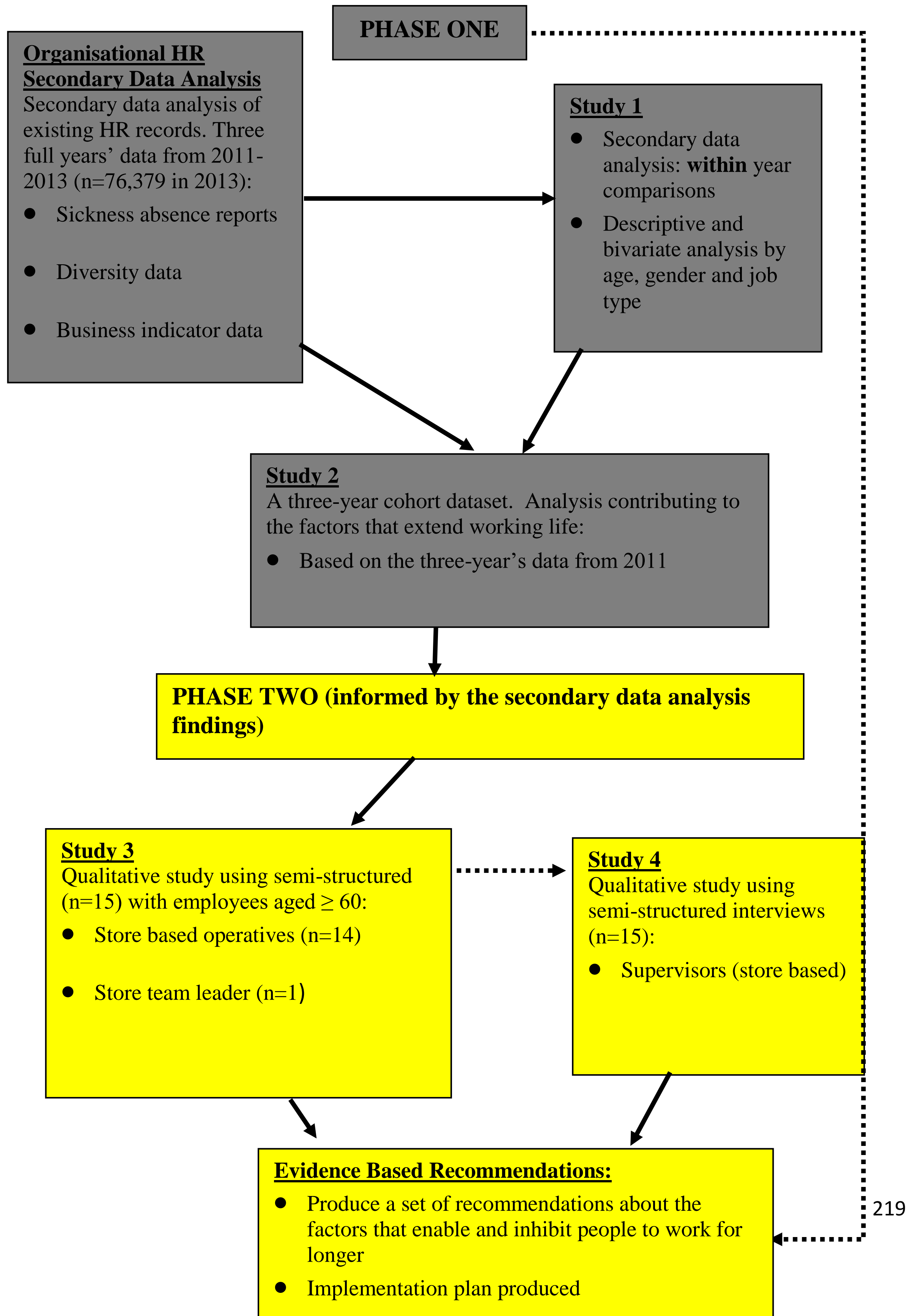
The organisation has a growing number of older workers. The proportion of older workers across the workforce has increased since 2011 by 24% (17,947) to 25% (19,244). However, on the other hand, the numbers of older new starters have significantly decreased from 8% in 2011 to 3% in 2013. Nearly three quarters (73%) of the whole workforce was made up of operatives (n=55,818) and this proportion was even higher in the older worker group at 77% (n=14,744). The majority of the older workforce were females 76% (14,596), while female older workers were much more likely to be part-time (81% of female older workers were part-time, n=11,746) and lower paid (M=£14,151) than older males (38% of male older workers were part-time, n=1,772; M=£17,902). There were also a number of gender based health issues that were found. Older females showed a high proportion of increases in mental ill health related sickness absence from 2011 to 2013 compared to males. Importantly, the pattern of sickness differs with age: older workers in general tended to have fewer short-term sickness episodes but more long-term sickness than younger colleagues. The trends in respect of older females highlight a need to gain insight on the views and experiences of female older workers (particularly operatives) and to stratify the sample to reflect the gender based make-up of the organisation in Phase Two. A focus on the 'why' in respect of health needs will also be made to attempt to answer: how could the work environment be improved to support older workers to stay at work for longer?

There was a substantial number older workers over SPA who extended their working life at some point between 2011--2013 (n=3,557; 20% of all workers aged 50 and over in the longitudinal data set from 2011-2013). The results from the longitudinal cohort study 2 of older workers from 2011-2013 will now be summarised. As expected, because of the difference in state pension age (SPA), the average age of those that extended their

working life is higher in males (71 years) than females (67 years). However, the average difference between males and females (2 years) was less than the difference in SPA between males and females from 2011, which ranged from 5 (in 2011) years to 3 (in 2013) years higher for males. So, in this respect females extended their working life further past SPA than males. Operatives who extended their working life, worked on average for longer (67 years) than supervisors (66 years) or management (65 years). Therefore, a focus on operatives, as not only the largest proportion of the business, but also the group that tend to work for longer, is justified. The focus of Phase Two of this study is on females, particularly because they tend to retire earlier than men, meaning their perspective on EWL is particularly pertinent yet in this study older females were shown to be significantly associated with EWL. Other key findings from study 2 (longitudinal cohort study of older workers from 2011-2013) were that female older workers (conversely, given the finding associated with EWL), those in the North and North West of England region, and those with general debility had a significantly higher chance of becoming a retiree during 2-years follow-up. Studies 3 and 4 will focus on workers in the Greater Manchester area in order to understand their needs further in respect of EWL.

# CHAPTER 5 PHASE TWO METHODOLOGY AND RESULTS

Figure 5-1 The Case Study Research Framework (Phase Two) *NB the current phase shaded in yellow



## 5.1 Phase Two Methodology

This chapter will explore the methodology used to answer the following aim, objectives and research questions (see Figure 5-2)

**Aim 2:** To understand perceptions of key factors that facilitate/inhibit people to remain in work for longer at the Co-op:

- **Objective 4:** to explore the perceptions of extending working life with employees aged 60 and over who are approaching/have reached or exceeded statutory pension age
- **Objective 5:** to explore the voice of the older worker (with a focus on females) in relation to perceptions of extending working life
- **Objective 6:** to explore the perceptions of working within a co-operative and the extent to which this makes a difference in extending work life
- **Objective 7:** to explore with supervisors the value of older workers and how the organisation supports the requirements of the ageing workforce within the Co-op

*Research Questions:*

- What are the key social factors that facilitate/inhibit extended working lives?
- What are the key workplace factors that facilitate/inhibit extended working lives?
- What are the key financial factors that facilitate/inhibit extended working lives?

An appraisal of the overall design, rationale for the methods chosen, and detail of the procedure and analysis will be given, before the results of both studies in Phase Two (studies 3 and 4) are presented in the following chapter.

Figure 5-2 Flow Diagram to show the aims, objectives and research questions for studies 4 and 4 (Phase Two)

**Study 3 Qualitative study using semi-structured interviews (n=15) with Older Workers**

**Aim:**

- To understand perceptions of key factors that facilitate/inhibit people to remain in work for longer at the Co-op.

**Objectives:**

- to explore the perceptions of extending working life with employees aged 60 and over who are approaching/have reached or exceeded statutory pension age
- to explore the voice of the older worker (with a focus on females) in relation to perceptions of extending working life
- to explore the perceptions of working within a co-operative and the extent to which this makes a difference in

**Research Questions:**

- What are the key social factors that facilitate/inhibit extended working lives?
- What are the key workplace factors that facilitate/inhibit extended working lives?
- What are the key financial factors that facilitate/inhibit extended working lives?

**Study 4 – Qualitative study using semi-structured interviews (n=15) with supervisors**

**Aims:**

- To understand perceptions of key factors that facilitate/inhibit people to remain in work for longer at the Co-op.

**Objectives:**

- to explore with supervisors the value of older workers and how the organisation supports the requirements of the ageing workforce within the Co-op

**Research Questions:**

- What are the key social factors that facilitate/inhibit extended working lives?
- What are the key workplace factors that facilitate/inhibit extended working lives?
- What are the key financial factors that facilitate/inhibit extended working lives?

### *5.1.1 Design*

Phase Two (studies 3 and 4) utilised a qualitative design as part of the overall mixed methods case study design. As discussed in Chapter 3 'Overall Methodology', there are a number of strengths and limitations of the qualitative component of mixed methods research. Firstly, qualitative methods are based within the interpretivist and constructivism paradigms (Guba & Lincoln, 1994), so have the advantages of the participant actively shaping the research process, as well as understanding the complexities of interrelationships and phenomena (King, 1994; Stake, 1995). Further, it adds depths, meaning and allows for details of subtleties and complexities not uncovered by quantitative data (Anderson, 2010; Green & Thorogood, 2005; Taylor, Bogdan & DeVault, 2016). Depth of constructed reality can be uncovered in respect of emotions, relationships or culture (Al-Busaidi, 2008; Patton, 2002), which can be more powerful and compelling to quantitative approaches, and findings can be transferred to another setting in certain circumstances (Anderson, 2010; Green & Thorogood, 2005; Taylor, Bogdan & DeVault, 2016). However, disadvantages have been reported to lie in subjectivity (Sword, 1999) and lack of generalisability (Mays & Pope, 1995; Bowling, 2009), compared to quantitative methods, which have the advantage of objectivity (Guba & Lincoln, 1994; Bowling, 2009), and potentially generalisability dependent upon the sampling methods chosen. Yet, Barbour (1999, 2001) suggests that, and Moffatt et al. (2006) agrees, despite the preference for quantitative methods rooted in positivist stances in health research, qualitative research designs are no longer the "poor relation to quantitative research" (p. 1019). With this in mind, the mixed methods case study approach taken to this research also lends itself to utilising both qualitative and quantitative methods as complimentary forms of enquiry (Bryman, 2001; Moffatt et al, 2006; Bowling, 2014).

### *5.1.2 Method*

Semi- structured interviews with a purposive sample of 15 employees approaching or beyond SPA (over 60 years old) and 15 supervisors of older workers were conducted on a face-to-face basis. Research interviews are described as the most popular method for qualitative researchers (Edwards, 2013; Jamshed, 2014; Potter & Hepburn, 2005). The research interview has been described as “a face to face verbal exchange, in which one person, the interviewer, attempts to elicit information or expressions of opinion or belief from another person or persons” (Maccoby & Maccoby, 1954, p.449 cited in Brinkmann, 2013), which is a dynamic relationship between the researcher and participant (Ryan & Golden, 2006). According to King (1994)

> qualitative research interviews will generally have the following characteristics: a low degree of structure imposed by the interviewer; a preponderance of open questions; a focus of specific situations and action sequences in the world of the interviewee rather than abstractions and general opinions
> (King, 1994, pp.14-15).

In sum, there is said to be a continuum between unstructured and structured interviews, whereby semi structured are somewhere in between (King, 1994), discussed more fully below.

There are a number of strengths and limitations in respect of interviews. Firstly, interviews can yield richer data than paper survey results, such as those sent out by post or carried out over the telephone (Bowling, 2009; Taylor, 2005). In fact, researchers agree that interviewing face-to-face can often be most suitable when depth of meaning is required and there is a focus around gaining insight and understanding (Gillham 2000; Ritchie & Lewis 2003). This is because the method allows for focus on issues of salience to the participant (Britten, 1995; Taylor, 2005, Bowling, 2009) and there is an opportunity to probe and explore issues in greater depth (Patton, 2002; Taylor, 2005; Bowling, 2009;

King & Horrocks, 2010). Further, there is the ability to pick up non-verbal behaviours (Taylor, 2005; King & Horrocks, 2010) and the method requires minimum equipment (Taylor, 2005).

Potential disadvantages of interviews include: they can be time consuming (Taylor, 2005; Bowling, 2009); access to participants can be problematic as can the location of the interview setting (Edwards & Holland, 2013; Fox, 2009); the format can vary between participants (Taylor, 2005); interviews might suffer from potential interviewer bias (Moll & Cook, 1997; Richards & Emslie, 2000; Taylor, 2005; Bowling, 2009); and sample sizes are limited, so therefore may lack representativeness and transferability (Mays & Pope, 1995; Bowling, 2009). Another key criticism of interviews is that they can neglect the social interaction seen in observational studies because they only capture reconstructions of events rather than interactions of people's actual behaviour (Kvale, 1996; Taylor, 2005).

A social constructionist approach to interviewing assumes that primary data reflect "a reality constructed by the interviewee and the interviewer" (Rapley, 2001, p.304). Moreover, reflection of this process is required to avoid 'naturalisation' of the interview, which assumes the process is natural and unproblematic (Brinkmann, 2013, p.42; Brinkmann & Kvale, 2008). Reflexivity has the benefit of not only increasing the transparency and quality of the research (De Souza, 2004; Holloway & Freshwater, 2007), but also of positively influencing the development and confidence of the researcher (Walker, Read & Priest, 2013). To achieve success in interviewing, Clough and Nutbrown, (2012), Bowling (2009) and Opie (2004) argue that interviews depend heavily on the communication skills of the interviewer in establishing rapport with the participant. In addition, to overcome the power dynamics associated with interviewer bias, skills in reflexivity are required. For example, a consideration of the impact of the interviewer's class might have on the process (Taylor, 2005; King & Horrocks, 2010; Kagan et al.,

2011). Finally, flexibility in the interview process is key (Taylor, 2005; Bowling, 2009; King & Horrocks, 2010).

Semi-structured or lightly structured interviews are the most common form of interview design (Leicester & Lovell, 1997) because as Mason (2002) argues, no research interview can be free from structure (Taylor, 2005). However, some qualitative researchers are reluctant to plan a structure or design before data collection, because as grounded theory suggests (Glaser & Strauss, 1967 cited in 2009) starting loosely allows for the generation of emergent concepts free from theory. Yet, increasingly researchers tend to develop a guide for interviewing (Murphy, Dingwall, Greatbatch, Parker & Watson, 1998). Burgess (1984, p.102) describes interviews as "conversations with purpose", whereas as Robson (2002) suggests there is also the need for the flexibility of in-depth interviews: generally, interviews are informal, two-way process and an interview schedule should not be a script but a "rough travel itinerary" (McCracken, 1988, p.37) (Taylor, 2005). This reinforces the idea that flexibility in the interview process is key to success (Taylor, 2005; Bowling, 2009; King & Horrocks, 2010).

In respect of the chosen method's relevance, Cresswell (2007) argues that the research question and the phenomenon under investigation should dictate the chosen methodology. This forms the basis of why interviews were chosen in the current study. Semi-structured were adopted because the method fits the philosophy of the research and epistemological view. Specifically, the method is focussed on answering 'how' and 'why' research questions rather than cause and effect 'what' hypotheses rooted in positivism, which ignores subjectivity (Creswell, 2007; Duberley, Johnson & Cassell, 2012; Taylor, 2005). Further, Brown and Vickerstaff (2011) used semi structured interviews to explore extended working life in the context of perceptions of health and used this method because "qualitative, in-depth, semi-structured interviews provided us with a method for exploring

the varied, complex, and interdependent nature of these known factors" (p.534). A number of other researchers looking at the complexities of issues surrounding extending working life have also used semi-structured interviews (Porcellato et al., 2010; Reeuwijk et al, 2013).

Interviews have been described as finding the 'insider-perspective' (Taylor, 2005) and according to King (1995 pp. 16-17), there are a number of scenarios where semi structured interviews should be employed:

1. Where a study focuses on the meaning of particular phenomena to the participants.
2. Where individual perceptions of processes within a social unit are to be studied prospectively, using a series of interviews.
3. Where individual historical accounts are required of how a particular phenomenon developed.
4. Where exploratory work is required before a quantitative study can be carried out.
5. Where a quantitative study has been carried out, and qualitative data are required to validate particular measures or to clarify and illustrate the meaning of the findings.

Taylor and Bogdan (1984, p.88) also mirror these assumptions, whereby they state that the aims of the interview are to learn 'what is important in the mind of informants: their meaning, perspectives, and definitions; how they view, categorise, and experience the world'. Point five (above) in relation to mixed methods, and point one and two in relation to meaning of a phenomenon and perception of social unit (in relation to extended working lives), from King's (1995) scenarios best fit the aims and objectives of the current research. *A priori* concepts (Lacey & Luff, 2009) from the literature review informed Phase Two. In addition, Phase Two aimed to add meaning and depth to the findings of Phase One.

Therefore, in order to yield accurate and structured information based on the themes and concepts derived from the literature review, the semi-structured approach is most appropriate. Whereas for a relatively unknown area (King, 1995) with no *a-priori*

assumptions (Taylor, 2005) and a subsequently more complex subject (King, 1995; Taylor, 2005; Bowling, 2009), in-depth interviews are more appropriate because they allow for the analysis of individual stories (see for example, Graham, 1984, cited in Bowling, 2009). My position as a researcher is somewhere in between the latter two positions and focuses on both establishing rapport through genuine engagement with the participant experience, as well as being aware of my subjectivity and cultural position in my interaction with the participant. Loosely structured or semi-structured interviews from these perspectives allow for increased depth of understanding using follow up questions, pausing, and where needed clarifying contradictions (Alvesson & Ashcraft, 2012). The next section will outline the procedure in respect of data collection, sampling, ethical considerations, confidentiality, data protection and informed consent. Section 5.1.4 will consider the chosen method of analysing the qualitative data: Framework Analysis.

### *5.1.3 Procedure*

#### 5.1.3.1 Introduction

As stated, emergent concepts from the literature review and Phase One results informed Phase Two. These concepts informed the interview schedule for both study 3 and 4 (Phase Two), which can be found in the appendices (v and vi). The results from Phase One also informing the aims of Phase Two, resulting in this phase focusing on females in order to reflect the composition of the older workforce and add to the paucity of literature in respect of the older female workforce.

The interview schedule was developed from the a priori themes generated from Phase One of the research and the concepts related to extended working lives emerging from the literature review. The key themes derived from the literature were used to ensure that the interview schedule reflected issues pertinent in the evidence base. The interviews explored a range of issues in relation to the barriers and facilitators to extending working

lives, firstly with employees aged 60 and over (n=15), and secondly, with supervisors (n=15).

A purposive sampling design (see for example, Bowling 2009;2014; Patton, 2002) was adopted, which involved selecting a set number of females and males to reflect the gender distribution in the business by job role, as well as a stratification by geographic area. A full discussion of the sampling method can be found in the next section 5.1.3.2. Having a clear and predefined research design is considered important when brokering access to participants in organisations, so being clear about the participant recruitment approach was beneficial in this respect (Saunders, 2012). Access to participants in organisations can be problematic and therefore it is recommended that access might be more productive through a gatekeeper to give credibility and avoid concerns around confidentiality (Fox, 2009; Saunders, 2012). However, this can create further ethical issues around power dynamics, which will be discussed in section 5.1.3.3 (Wiles, 2013). There was an onsite research day, which took place within the organisation on a weekly basis and for this reason, the gatekeeper was able to work closely in negotiating access to participants (Saunders, 2012). However, being seen as an 'insider' also brings concerns in respect of the impact of previous experience on interpretation of the findings (Wiles, 2012) (discussed further in the reflexivity section 5.1.5), although the gatekeeper was based at head office and they did not work with or know the participants in the stores. Yet, the fact that the gatekeeper could be perceived as management to the participants warrants further discussion in section 5.1.3.3, in respect of the ethical considerations this poses.

Interviews were taped using a dictaphone and transcribed verbatim to capture sufficient detail of the interviews and because the data was analysed using the principles of FA (Gale et al., 2013; Pope, Ziebland & Mays, 2000). The last seventeen interviews were transcribed by an external provider, due to time constraints. Ashmore and Reed (2002),

Hansen (2006), Luker (2008) and Bowling (2009) argue that digital recorders allow the researcher to concentrate on establishing rapport. However, other researchers point out transcription of recorded data can be a lengthy process and accuracy can be lost in respect of context and inflection of speech (Matheson, 2007; Markle, West & Rich, 2011). Nevertheless, Hansen (2006) and Hancock, Ockleford and Windridge, (2007) suggest that recorders are easy to use, economical and less intrusive than tape recorders. The next section will consider the sampling strategy used before a discussion of the ethical considerations, confidentiality, data protection and informed consent in the following sections.

#### 5.1.3.2 Sampling

A purposive sample of 30 participants from Greater Manchester was sought to include a range of stakeholders across the Co-op. Patton (2002) argues that purposive sampling strategies can be justified in such a manner to reflect the research process, the knowledge gained and to reflect the most credible findings for the audience. Further to this, a stratified element to the sampling strategy was adopted (Crabtree & Miller, 1999; Patton, 1990) to allow for a representative spread of a range of socio-economic areas across Greater Manchester (Manchester, Bury, Stockport and Oldham) and to reflect the possible health inequalities related to these areas (ONS, 2014a).

Purposive sampling is a recognised form of qualitative sampling in public health research and is useful because it allows the researcher to develop a sampling strategy as the research develops (Bowling, 2009; 2014; Patton, 2002). However, in comparison to random sampling, purposive sampling is argued to focus on the depth rather than breath of understanding, and lacks generalisability, but the emphasis is on quality rather than quantity (Bowen, 2008; Teddlie & Yu, 2007). This approach was also taken by Brown and Vickerstaff (2011), who used purposive sampling whereby "it is possible to draw wider,

albeit tentative, inferences if the sample is chosen to reflect the range of characteristics identified as potentially significant in shaping outcomes" (p.534). However, the range of variation with purposive sampling, which often not known from the offset can be a particular challenge with this method (Palinkas et al., 2015).

As identified, the current research sampling strategy also adopted a stratified element, which enables comparisons across gender based, socio-economic/geographical and other subgroups (Crabtree & Miller, 1999; Patton, 1990). Stores were selected from a list over 100 locations across Greater Manchester (provided by the gatekeeper) and narrowed this list down to 15 desired locations based on an ideal spread of stores reflecting varying social demographics (roughly 50% least deprived and 50% most deprived) (measured by levels of social deprivation). To carry this process out a mapping tool was also used (Grid Reference Finder, 2016) alongside the ONS deprivation scale data by area (ONS, 2016b).

The guideline of 15 participants has been cited as the smallest acceptable sample size (Bertaux, 1985; Guest et al., 2006; Mason, 2010; Saunders, 2012) and 80% of qualitative PhD studies have been found to adhere to the minimum guideline number of 15 (Mason, 2010). The final sample size is also said to be guided by the point at which theoretical saturation occurs, which is discussed below (Strauss & Corbin, 1990), and the guide number 15 for each phase of study was also decided upon as the research is investigating complex phenomenon (Sandelowski, 1995). According to Ritchie (2003, p.84), the following factors impact on the sample size:

- the heterogeneity of the population;
- the number of selection criteria;
- the extent to which 'nesting' of criteria is needed;
- groups of special interest that require intensive study;
- multiple samples within one study;
- types of data collection methods use;
- the budget and resources available.

Further, the research design is using a mixture of methods so requires fewer participants (Lee, Woo & Mackenzie, 2002). Charmaz (2006) also suggests that samples of up to 25 are adequate whereby the aims of the research are the drivers of the point at which saturation occurs, with more ambitious aims taking longer to reach the point where no more new knowledge is generated. Whereas, Green and Thorogood (2009 [2004] p20 cited in Mason, 2010) state that "the experience of most qualitative researchers (emphasis added) is that in interview studies little that is 'new' comes out of transcripts after you have interviewed 20 or so people".

In respect of theoretical saturation, there has been some debate. For example, researchers have contested whether researchers even achieve the point of saturation because of inexperience or their inability to prove that it has occurred (Charmaz, 2006; Bowen, 2008; Morse, 1995). Whereas, Dey (1999) suggests that the concept of saturation is inappropriate and Strauss and Corbin (1998) state that saturation should be more to do with when knowledge becomes 'counter-productive' and that 'the new' doesn't contribute anything to the overall story. Strauss and Corbin (1998), however, also acknowledge that often in practice, research is constrained in respect of time, energy and availability of participants.

The current phase (two) addresses two aims using a number of objectives served by study 3 (n=15) and 2 (n=15). The phenomenon under question is extended working lives and could vary by a range of factors including gender and socio-economic structure, so a given number of participants from both genders were required from a range of areas. Ultimately, as discussed, researchers have argued that sampling size a matter of judgement (Charmaz, 2006; Mason, 2010; Sandelowski, 1995; Strauss & Corbin, 1998) and geographical stratification allows the research to apply and compare analytical

generalisations across the gender subgroups and geographical areas (for example, socio-demographics) (Bowling, 2014). The next section will consider the ethical considerations to the studies.

#### 5.1.3.3 Ethical Considerations

Ethical approval was sought and received from the University of Salford on 28th October 2014 (HSCR14/75). Approval was received on the basis that individuals' information would be kept anonymous and confidential, and informed consent was obtained using participant invite letters and informed consent forms (see appendix vii and viii). The practice of seeking ethical approval for research within participants is in line with the Declaration of Helsinki's (1975, cited in Singleton & Goodinson-McLaren 1995), Seedhouse's ethical grid (1988) and Beauchamp & Childress (2001)'s four principles of biomedical ethics, whereby researchers should respect participants' autonomy and do no harm, but do good. The risks to the participants were thoroughly vetted and mitigated against, in terms of possible emotional harm to participants. Further, where issues raised during interviews were in need of potential follow-up (e.g. in respect of retirement and pensions entitlement), this was accommodated for by signposting to the relevant advice services both within the Co-op and externally. The ethical process highlighted areas whereby language could be changed to ensure against unnecessary feelings of upset such as in respect of being 'older' and the positives/benefits of the research were instead highlighted. Further, information was provided about the study to individuals such as details of how the findings will be disseminated (Arksey & Knight, 1999; Bowling, 2009; King and Horrocks, 2010; Tracy, 2010).

Other ethical considerations lie in the societal level concerns relating to who the research is being done for in respect of who wins and loses once the results are published (Brinkmann & Kvale, 2005). In this regard, there was ethical imperative to communicate

the purpose of the study (see section 5.1.3.6 on Informed Consent). Power dynamics might also exist in respect of the relationship between participant and researcher in terms of ethical methodological considerations, the researchers' societal or political world view and personality, as well as other ontological and subjective considerations (Haynes, 2013; Karnieli-Miller, Strier &Pessach, 2009: Mauthner &Doucet, 2003). Further, individuals who feel marginalised can become entrenched in unhelpful power dynamics (Kagan et al., 2011; van der Riet & Boettiger, 2009) and, where gatekeepers are required; there may be a culture of compliance, such as the case in prisons and schools (Wiles, 2013). Heath et al., (2009) suggest that, in the example of educational research, there are ways in which the researcher can counter these forces by ensuring that, for example, researchers do not inform teachers of the decision of a child whether or not to participate. This can be translated to working in organisations and was considered when the participant was contacted by the gatekeeper and thereafter decided to participate. Details of the outcome of participants' decision were not passed on, power dynamics were considered and it was ensured that the participant was fully informed in making their decision to participate (see section 5.1.3.6). This is particularly important because power dynamics can be particularly pertinent at the initial stage of recruitment where the researcher holds the majority of the power in respect of the information about the research project (Karnieli-Miller, Strier & Pessach, 2009). For instance, participants were sometimes visible to colleagues or managers going to the interview room, but the time and location of the interview was always arranged in person between the PhD researcher and participant. Finally, in this regard, it was ensured that all participants were interviewed at a time and place convenient to them, where they did not feel compromised, such as a private canteen or meeting room (Fox, 2009) and as Bowling (2009) suggests, it is the researchers' responsibility to create a safe space for interviews to take place.

5.1.3.4 Confidentiality

All participant data was encrypted on a secure drive and transcribed anonymously by using numbers rather than names. This practice complies with the Data Protection Act (1998). Data protection principles include: making sure the information is used fairly and lawfully for limited, specifically stated purposes; in a way that is adequate, relevant and not excessive, accurate kept and for no longer than is absolutely necessary; handled according to people's data protection rights, kept safe and secure; and finally, not transferred outside the UK without adequate protection (Gov.UK, 2017). Where the external provider transcribed data, they were asked to complete and sign a confidentiality agreement (see appendix x). However, as Iphofen states (2005, p.28):

> …confidentiality is more than a matter of obeying the law on data protection. The information given by those being researched is introduced into a more public domain by virtue of its disclosure to the researcher. The researcher has to make clear to the participants precisely what the sharing of confidences – the researcher's data in qualitative research – might imply for them.
> (Iphofen, 2005, p.28):

Therefore, in addition to the above measures, all identifying information such as place names and specific features of work salient to the individual were removed and data were stored using a password protected computer. Employee's supervisors knew who took part in the interviews but the location aspect of the analysis and any other identifying information in respect of the store was removed to avoid any breach in confidentiality in the final report given to the organisation (Miller & Bell, 2002; Iphofen, 2005; King & Horrocks, 2010). A critical discussion of these can be found in section 5.1.5.

5.1.3.5 Data Protection

Access to individuals participating in the research was via the PhD researcher and the gatekeeper (within the Co-op). As stated above, participant details on all transcript data

used pseudonyms or numbers, and at no point was any identifying data passed on to the organisation. As stated above, no personal data was collected. As part of the on-going process of informed consent, participants were able to negotiate their involvement in an informed, planned and considered manner. Where certain participants were potentially identifiable due to the nature of their role or other identifying features of their comments/ answers, a joint agreement of how their data should be treated were made as part of the on-going informed consent process (Miller & Bell, 2002; Iphofen, 2005; King & Horrocks, 2010). The reporting of all qualitative data was anonymised in dissemination (media and research reports), and all personal identifying information required during the study for organising interviews and feeding back findings will be destroyed at the end of the study.

5.1.3.6 Informed Consent

All participants were required to give consent to be involved in the study and the aims of the research project were fully explained to them verbally and in writing (see appendix vii, viii and ix). Initial communication to participants to seek consent to enter the study was by the Co-op and no personal information was disclosed. A participant information sheet was given to each participant that explained in detail the study and what will happen to them if they take part (see appendix vii and viii). Each participant was also asked complete a consent form, which asked for explicit consent for the interview to be recorded using a Dictaphone, and stated the right to withdraw. This adheres to Gillies and Aldred (2000, cited in Iphofen, 2005) and Iphofen's (2005) view that the aims and wider political purpose of the research should be fully explained to the participant. It is also in line with Beaucamp and Childress (2001) and Seedhouse's (1988) principles of doing no harm but doing good by communicating how the research will be of benefit to society in respect of informing organisational policy and practice. Further, giving sufficient information at the recruitment stage follows Karnieli-Miller, Strier and Pessach's (2009)

view that there is a need to balance the distribution of power between the participant and researcher. According to Iphofen (2005, p.28) “to avoid harming participants in a study it is essential to gain their agreed consent to taking part. If they are to be able to consent, they need to know fully what their participation entails”. It is also essential that participants have the autonomy and choice throughout the negotiated process to withdraw (see for example, Iphofen, 2005). Participants were able to withdraw from the study at any time and non-participation did not in any way disadvantage individuals in terms of rights or usual access to services, which follows Beaucamp and Childress’s (2001) principle of justice for all. The next section will now consider the analysis of the findings and critically discuss the chosen method of analysis.

### *5.1.4 Analysis of Qualitative Findings: Framework Analysis*

Framework Analysis (FA) has become an established method of analysis for qualitative research and is considered to be a rigorous approach (Gale, Heath, Cameron, Rashid & Redwood, 2013; Furber 2010; Lacey & Luff, 2009), used widely in a health context (see for example, Uppal et al., 2013; Jeffery et al., 2013). FA was originally developed over two decades ago by qualitative researchers on behalf of the UK research institute, NatCen (Ritche & Spencer, 1994). The method has since developed the process of FA into a comprehensive and robust method enabling researchers to systematically analyse raw data in order to generate themes that explain and enhance the understanding of social processes and behaviour (Furber, 2010). FA is distinguished from other forms of qualitative analysis by its systematic approach, allowing for visible stages and transparency about the process by which the results have been derived (Lacey & Luff, 2009). In addition, the approach is not only inductive, in that theory emerges from the data, but allows for the inclusion of a priori and emergent concepts (Gale et al., 2013; Lacey & Luff, 2009; Uppal et al., 2013). FA was particularly useful for this this research because

the mixed methods approach generated concepts of interest. Further, within the literature review it was established that there was a substantial body of work in respect of the factors that facilitate or inhibit extended working lives. It was therefore essential to include a priori themes because the study was mixed methods and there was a systematic element to the literature review. On the other hand, there is a dearth of research exploring the experience of low paid older women in work (see for example, Payne & Doyal, 2010), so it was also critical to allow for the generation of emergent concepts.

FA comprises of five key stages (Ritchie & Spencer, 1994; Lacey & Luff, 2009), although Gale et al. (2013) describe the process in seven stages. The additional stages described by Gale et al. (2013) include the additional stage ‘transcription’ and the original stage two separated into two stages and ‘coding’ as well as ‘developing a working analytical framework’:

1) Familiarisation – the transcripts are read thoroughly to identify key themes
2) Developing a thematic framework, which includes coding (Gale et al., 2013) − a framework is developed and applied to the transcripts. Following discussions with supervisors, this framework is then expanded and refined.
3) Indexing – themes and emerging sub themes are labeled and indexed
4) Charting – framework involves devising a series of thematic charts or matrices
5) Mapping and interpretation – the aim is to bring out the key characteristics and map and interpret the data as a whole. At this stage the use of analytic memos and breaking off to discuss particular points is also suggested (Glaser & Straus, 1967 cited in 2009; Charmaz, 2006; Gale et al., 2013).

There are a number of strengths and limitations of framework analysis. A benefit of using FA is that strategies and recommendations for practice and policy may be elicited at (Ward et. al, 2013). In addition, it is regarded as straight forward in that it provides transparent results that offer conclusions, which relate back to the original data (Furber, 2010; Johnston et. al., 2011). FA can be undertaken during and after data collection (Ritchie, Spencer & O’Connor, 2003) and can be used with teams working for triangulation analysis (Dixon-Woods, 2011). It allows for interpretation amongst the group

(Ward et. al., 2013) as well as the allowing researchers to collaborate regarding the progress of the study with the participants (Furber, 2010) and finally it provides an audit trail increasing dependability of the data (Flick, 1998).

FA on the other hand can be time consuming (Gale et al., 2013; Ward et. al., 2013) and has been criticised, as grounded theory has, for the lack of theoretical underpinning (Smith, Bekker & Cheater, 2011). However, based on the systematic approach allowing for a priori and emergent concepts, FA was chosen as the most appropriate method of analysis for a mixed case study adopting a pragmatic epistemological standpoint allowing for contrasting and comparable quantitative and qualitative data (see for example, Moffatt et al., 2006). Data collection and analysis occurred simultaneously, and was strengthened by the use of field notes in order to aid reflexivity throughout the iterative process that begins as the data are being collected, rather than when it has ended (Stake 1995). Reflexive notes made by the PhD researcher were used as an aid for discussion with the research supervisory team and as a memory aid for discussion in respect of power dynamics and other aspects that might have affected the results in respect of the interview set up (e.g. choice of language in respect of rephrasing jargon terms such as 'consent form') and representing relevant interactions that may have added further depth of understanding (Symon & Cassell, 2012). Ultimately, researchers argue that critical reflection throughout the qualitative research process allows for rigour in assessment of the findings (Guba & Lincoln, 1985; Haynes, 2012; Johnson et al., 2006; Symon & Cassell, 2012; Tracy, 2010). Mauther and Doucet (2003 p. 417) cite debates in respect of the influence of social factors on the knowledge construction processes stating that:

> Feminist scholars have engaged in particularly lively debates about the extent to which similarities or differences between researcher and researched in characteristics such as gender, race, class and sexuality influence the nature and structure of the research relationships (Cotterill,

1992; Edwards, 1990; Finch, 1984; Ribbens, 1989; Song & Parker, 1995).

Similarly, Potter and Hepburn (2005, p285) argue that there are number of contingent and necessary problems when carrying out qualitative research that need to the considered at analysis. The contingent problems (that can be counteracted to some extent) are:

- The deletion of the interviewer (not including their questioning and relevant dialogue)
- The conventions for representing interaction
- The specificity of observations
- The unavailability of the interview set-up (not describing key factors affecting the interview set up)
- The failure to consider interviews as interaction

According to Brinkmann (2013), the above problems can be counteracted by, respectively: including commentary in the results on the interactional flow between interviewer and interviewee in the questioning; including reflexive notes on pauses and other interactions such as laughter; to be specific in the analyses; reporting interview recruitment details; and to consider the interviewee-interviewer interaction reflexively. The necessary problems (that cannot be counteracted but need acknowledgement) and also need to be considered in the analysis according to Potter and Hepburn (2005, p 291) are:

1) The flooding of interviews with social science agendas and categories
2) The complex and varying positions of interviewer and interviewee
3) The possible stake and interest of interviewer and interviewee
4) A predominance of cognitive and individualistic interpretations

However, Brinkmann (2013) argues the first, second and fourth points need not be a problem and can be mitigated (while the third point it is argued a necessary problem) if the interviewer acknowledges their effect on the interview process e.g. through reflexivity in the research process and analysis. In relation to the position of the interviewer, reflexivity ties into this problem but in respect of competing agendas it could also be argued that as an ‘insider’ being based one day a week in the organisation might have

impacted on the subjectivity of the findings (Walker, Read & Priest, 2013). These necessary and contingent factors will be considered in the reflexivity section 5.1.5.

The data were subjected to the coding process in respect of identifying the thematic framework, coding sections of the data that relate to various subthemes, to allow movement between both inductive and deductive thinking in the analytical period. Data analysis was conducted rigorously and reflexive notes were critically discussed with the research team. The research analysis was also guided by several indicators of good qualitative research such as reliability, rigour and trustworthiness (Lincoln & Guba, 1985; Mays & Pope, 1995; Lacey & Luff, 2009). For example, rigour and validity can be increased by utilising various accounts from different stakeholders and triangulation of other data sources or looking at deviant cases, or by independent analysis by other researchers and having a clear audit trail (Mays & Pope, 1995; Lacey & Luff, 2009). Further criteria developed by Tracy (2010) were referred to throughout the process in assessing whether the research has: a worthy topic; rich rigour; sincerity; credibility; resonance; significant contribution; ethical practices; and finally, meaningful coherence.

#### 5.1.4.1 Familiarisation

Each interview yielded between 2,000 and 5,000 words of data and generally lasted around 30 minutes. The familiarisation process involved familiarisation with the range and diversity of the data (Ritchie & Spencer, 1994; Lacey & Luff, 2009; Gale et al., 2013). A number of the interviews were conducted and transcribed allowing for familiarisation to occur throughout the transcribing process and where the external provider carried out the transcribing, the transcripts were read through a number of times on receipt. Once transcribed, the printed transcripts were systematically read again in turn to begin the analysis. This was quite tiring and required concentration over time. At times, extra insight

from discussions about the transcripts with the research team was needed to try and establish meaning free from subconscious biases (Gale et al., 2013).

5.1.4.2 Identifying a thematic framework

After the process of familiarisation, recurring key themes and sub themes were noted in the margins of the transcripts using codes e.g. D (a) (ii) 'perceptions of older workers as more productive'. When developing and redeveloping this framework both inductive and deductive emergent concepts were explored from both a priori themes and themes that arose. It was particularly important to reflect the participants' experiences and views (Ritchie & Spencer, 1994; Lacey & Luff, 2009; Gale et al., 2013). In practice, this process was difficult to balance against the pre-defined themes that emerged from the literature. Again, extra insight from supervisors in establishing the deductive themes, as well as the already defined inductive themes, was required because the PhD researcher was less experienced and less reflexive than her supervisors (Gale et al., 2013).

5.1.4.3 Indexing

After developing the thematic framework, the framework was then applied to each interview transcript to explore the 'fit' (Ritchie & Spencer, 1994). This is also called 'applying the analytical framework' (Gale et al., 2013). This involved re-reading the data and applying the respective code of the applicable theme drawn from the thematic framework (Furber, 2010). At this stage, categories were merged or further redeveloped with potentially new emerging categories and here a proportion of the interviews were analysed by a member of the supervisory team to test the 'fit' (Furber, 2010; Gale et al., 2013; Lacey & Luff, 2009).

5.1.4.4 Charting

Once the data had been indexed and thematic framework applied, they were then summarised using thematic charts. This phase is known as charting (Ritchie & Spencer, 2003; Lacey & Luff; Gale et al., 2013) and allowed for the reduction of the data to manageable sections of text (Furber, 2010). Lacey and Luff (2009), describe two distinct types of charts 'thematic' and 'case' charts. Case charts organise the data across cases with the themes generated across the horizontal axis, whilst thematic charts organise the data across the themes with the cases across the horizontal axis. It was decided to organised the data by cutting and pasting the large volume of data into themes as suggested by Lacey and Luff (2009), after highlighting the themes at the coding stage and then using unique codes for each quote on thematic charts to organise the data. It was decided that it would be better to use codes because it was easier to see the 'map' of the data, after discussion with the supervisory team. Thematic charts were chosen because of the large volume of themes and sub themes and the discreet number of cases per study (15 in each study) and MS Excel was used to manage these thematic charts in spreadsheet form.

5.1.4.5 Synthesising the data

The final stage of the analysis process involved the mapping and interpretation of the data (Ritchie, Spencer & O'Connor, 2003; Gale et al., 2013). At this stage, the charts were reviewed in order to make sense of the data as a whole and themes and sub themes were redeveloped or merged further (Furber, 2010). In addition, mapping of connections was carried out (Miles & Huberman, 1994; Gale et al., 2013), which "means searching for patterns, associations, concepts, and explanations in your data, aided by visual displays and plots" (Lacey & Luff, 2009, p.15). The descriptive summaries in the charts were then incorporated into explanatory accounts (Spencer et al., 2003). Further a priori themes from qualitative study 3 was generated at this stage to inform qualitative study 2 in respect of

the interview schedule and prompts. This stage of the analysis also required extra insight from the supervisory team because potential biases can occur at the analysis stage, e.g. when the researcher shares common identities with some participants but not others. As discussed in section 5.1.5, it was necessary to discuss the overall analysis with supervisors in this context to avoid such biases (Edwards & Holland, 2013).

### *5.1.5 Reflexivity: my position as a researcher*

As discussed in section 5.1.2, the interview method requires reflexivity in order to address the interplay between the researcher and research participants, or in other words, to resolve the "reality constructed by the interviewee and the interviewer" (Rapley, 2001, p.304). I the researcher, will now begin to reflect on my role as researcher and my position interviewing older workers and their supervisors. According to Walker, Read and Priest (2013), it is particularly important to reflect on any encounters that touch on the 'insider' status of the researcher. For one day a week, I have been based at the head office of the Co-op since 2013. Here I organised the recruitment of the participants, whereby initial first contact within the store was carried out by a colleague employed at head office, and thereafter by myself. Due to my partial 'insider' status, it was particularly important for me to restate to participants that I was not employed by the organisation and was a PhD student at the University of Salford, so am therefore, impartial. I felt strongly that I needed to inform potential participants that their views would be treated with confidence and anonymity so they should not feel compelled to take part. Further, it is important to note that neither myself, nor colleagues at head office knew any of the participants before the interviews were carried out. Therefore, potential issues around participants feeling uncomfortable and affecting their ability to be open and honest due to perceptions of me being an 'insider', for this reason were reduced.

Brinkmann (2013) argues that it is also important to reflect on details of participant recruitment, which has been described as the stage at which the researcher holds the most power (Karnieli-Miller, Strier & Pessach, 2009). Sometimes it was evident that participants may have been influenced by their supervisors and encouraged to take part before I had the chance to communicate with them over the telephone. This was due to the first point of contact being made by the gatekeeper to the store through the supervisor. This might be especially the case due to there being a perception that head office (gatekeeper) is the management centre to the stores. This is recognised as problematic when working with gatekeepers in research (Saunders, 2012; Wiles, 2012). Although Heath et al., (2009) state there may be ways for the researcher to counteract this, i.e. not inform the gatekeeper of a potential participant's decision to participate. However, it was sometimes impossible to counteract and therefore, may have caused some difficulties in power dynamics with some participants feeling compelled to take part. This may have ultimately influenced how open they were in discussing some more disparaging experiences in relation to their employer. For instance, I noticed that where I had not spoken in depth over the phone to participants prior to interview, due to the employee being continually busy at the kiosk for example when I called, the transcripts were particularly short (less than 5,000 words). Further, during the first interviews I noted that the language I used in respect of the consent forms discouraged a participant from taking part initially, because the participant negatively reacted to be me asking him to complete the 'informed consent form' stating 'I don't want to do this anymore'. Therefore, I reassured the participant that they didn't need to take part if they did not want to and I explained the jargon 'consent form' is 'just a short informed consent form, so the university can be satisfied we are giving participants enough information about the study'. This had the effect of reassuring the participant their concerns about taking part. Haynes

(2012) argues this form of methodological reflection is required when carrying out qualitative research.

The next issue in relation to my reflexivity as a researcher is around my inexperience, being a novice researcher. I am in my early thirties and I am a relatively inexperienced academic researcher. Due to this inexperience, it has been argued that keeping reflexive notes can be particularly beneficial for the development and confidence of novice researchers (Walker, Read & Priest, 2013). I made a number of reflexive notes after each interview around the level of engagement and the ‘feel’ of the interview. Through subjective and ontological reflections (Haynes, 2012), through observation, I noticed that a number of female participants (older workers and supervisors) had discussions with me about particular topics (e.g. discussions around family and planned holidays) prior to the interviews. On reflection, I feel that perhaps as a female, my conversation was sometimes more naturally aligned with female participants who sometimes talked to me about their experiences in more depth, as is described to be the case regarding similarities between the researcher and participant (Edwards & Holland, 2013). Male participants did not appear to engage with me on the same personal level that some females did, and in places, the duration of interview reflected this. On the other hand, it may be that due to my status as PhD researcher, this might have had a negative impact on individuals who were less educated due to researcher-participant power dynamics (Taylor, 2005; King & Horrocks, 2010; Kagan et al., 2011). Another aspect is the bearing that any similarity between participants and myself (e.g. being female) had on the weight that was given to their views and experiences over others (Edwards & Holland, 2013; Mauthner & Doucet, 2003). For this reason, I was careful at the final stages of the analyses to discuss any areas of potential subconscious bias with the research team to ensure that the emerging findings were transparent (Gale et al., 2013). For example, at first, I had not

noticed a subtheme around training and support need (perhaps due to my perspective as an ‘insider’) and my focus was on females’ needs because of my identification with female participants. These issues came through quickly before the framework analysis was finished as a result of discussion with colleagues and my analysis was adapted.

Next, I will reflect on my societal and worldview (Haynes, 2012). I feel that my academic background may have had an impact on the research-participant dynamic. For example, I hold a Masters in Community Psychology meaning I have an interest in organisations such as co-operatives structured for the mutual benefit of its members. Further, from my previous work experience and my identification with grassroots organisations this may have had some bearing on my position as a researcher. When trying to establish rapport, on one occasion, I inadvertently disclosed aspects of my past experience and background, which might have subconsciously aligned the participant to my worldview. This may have caused the participant to answer questions in alignment to positive reflections of the nature of the organisation as a cooperative, due to social desirability (Bowling, 2009; Sword, 1999; Uppal et al., 2013). However, this only occurred on one occasion where the interview was carried out in the participant’s home (at their request), while all other interviews were in a work environment. While it can be an advantage for participant openness to locate interviews in a home setting (Edwards & Holland, 2013), I feel in this case it might have led to more complexity in the researcher-participant dynamic. However, ultimately the benefits of the participant being open led to the interview yielding the longest transcript (in excess of 12,000 words).

Finally, there were some differences related to the analysis and the transcripts that were analysed by myself, whereby I felt more involved in the process due to listening and reflecting on the interviews over time through the process of transcribing. Two thirds of the interviews were transcribed by an external service provider, so therefore, I took steps

to counteract this bias and re-read transcripts as a result of this. Further, a proportion of the transcripts were read by my supervisor to gain a second perspective. After this, further analysis was carried out after re-reading and familiarising myself with the transcripts that were transcribed externally (Gale et al., 2013). I found that the more depth I gained from re-reading and more codes were produced for subthemes I had originally missed. The next section will describe the participant characteristics across the two studies.

### *5.1.6 Participant Characteristics*

In total 30 participants working within the Co-op Food Business across Greater Manchester were interviewed. Table 5-1 (below on p.249) shows the numbers of participants by gender, role, and full-time or part-time status. The gender proportion of the over 60 employees who were selected were 73% female and 17% male to reflect the proportion of females in the older workforce. The gender proportion of supervisors was 67% female and 33% male, which was as close as possible to the split of females and males in this job role (females=58% n= 5671; males =42% n=4080). Almost all participants over 60 were part-time store operatives with the exception of one who disclosed that they were working full-time hours. The proportion of participants from the most and least deprived areas was a fairly even split (43% and 57% respectively).

### *5.1.7 Summary*

Qualitative methods were chosen to explore perceptions of the key factors that facilitate/inhibit people to remain in work for longer in the Co-op. The research was situated in the pragmatic paradigm recognising both the objective and measurable as well as the subjective experience of older workers and supervisors. Qualitative methods offer a number of advantages but also require careful consideration of a range of factors in respect of reflexivity, ethical considerations and the nature of the relationship between the participant and researcher. Semi-structured interviews were the most appropriate method

to address both inductive and deductive concepts and for this reason, framework analysis was also chosen as the adopted method of analysis in order to elicit policy and practice recommendations as considered in Chapter 8. The sample frame was also guided by Phase One, which showed that the majority of older workers in the organisation are female and therefore this was reflected in the sample strategy. A key barrier to EWL that emerged from the literature review was ill health and there are associated social inequalities in respect of this, therefore a range of socioeconomic areas were chosen at the sampling stage. The next section will present the results of Phase Two; studies 3 and 4, in respect of the barriers and facilitators to EWL found as well as other emergent concepts.

Table 5-1 Participant Characteristics

| | Variable | Number of Participants | Percentage |
|---|---|---|---|
| **Overall sample** | Female | 21 | 70% |
| | Male | 9 | 30% |
| **Older workers** | Female | 11 | 73% |
| | Male | 4 | 17% |
| **Supervisors** | Female | 10 | 67% |
| | Male | 5 | 33% |
| **Worker split- Overall Sample** | Store Operative | 14 | 47% |
| | Store Supervisor | 15 | 50% |
| | Team Leader | 1 | 3% |
| **Store location social deprivation level split- Overall Sample** | Most deprived area[55] | 13 | 43% |
| | Least deprived area[56] | 17 | 57% |

[55] In an area classified as in the 40% most deprived area in England according to the ONS (2015b) indices of muliple deprivation.
[56] In an area classified as in the 50% least deprived area in England according to the ONS (2015b) indices of muliple deprivation.

## 5.2 Introduction to the Findings

The findings of Phase Two, (study 3 and 4) exploring the views and experiences of 15 participants aged 60 and over (who work in stores and were all operatives with the exception of one team leader) and 15 supervisors of older workers will now be presented. This will begin with a summary of the evolution of the thematic framework. As discussed earlier in chapter five, the themes and subthemes were generated using FA and synthesised into five overarching themes, drawing on a priori and emerging concepts. After a summary of the development of the evolution of the thematic framework, the results relating to the five overarching themes will be discussed. The structure of this discussion will begin with participant findings in respect of the unique context of the organisation, followed by an analysis of the barriers and facilitators to EWL under the themes health, social, workplace and financial factors. The main themes and descriptive subthemes reflecting the barriers and facilitators to extended working life can be found in Table 5-7 and Table 5-8, on pp.259-256.

### *5.2.1 Evolution of the Thematic Framework*

Tables 5-2 to 5-6 show the evolution of the thematic charts from stage one (identification of the thematic framework). Two thematic charts were combined due to conceptual overlap from study three (interviews with older workers) and study four (interviews with supervisors). The subthemes that emerged for each theme as shown in the respective tables were merged with other closely related subthemes, or where there was not enough evidence from the qualitative transcripts for a particular subtheme at the charting stage, these were removed.

Study three initially generated 111 sub themes across two broad themes (1) facilitators and (2) barriers to EWL, while further sub themes (n=4) were classed as

‘unclear’. Study four initially generated eighty-three sub themes across three broader themes: (1) context, (2) facilitators and (3) barriers to EWL. After charting, the sub themes were sifted through at the synthesis stage and mapped in each study before inclusion. Both studies’ frameworks were then merged where applicable to form the final thematic framework consisting of 24 sub themes across five broader themes. When exploring the research questions:

- What are the key social factors that facilitate/inhibit extended working lives?
- What are the key workplace factors that facilitate/inhibit extended working lives?
- What are the key financial factors that facilitate/inhibit extended working lives?

There were five main themes that emerged from the data that spanned the two overarching themes of barriers and facilitators to EWL. These were:

(A) Wider Organisational Values and Policy;

(B) Health and Wellbeing as a Barrier or Facilitator to EWL;

(C) Social Barriers and Facilitators to EWL;

(D) Workplace Barriers and Facilitators to EWL;

(E) Financial Barriers and Facilitators to EWL.

Each theme and subtheme in respect of the barriers and the facilitators to EWL will now be outlined.

Table 5-2 Table to Show the Evolution of the Thematic Framework for Theme (A) Organisational Context: Values and Policy

| Study 3 (contributory sub themes) | Study 4 (contributory sub themes) | Final Thematic Framework |
|---|---|---|
| **FACILITATORS TO EWL** | | |
| • The Coop supports EWL/retirement not pushed on staff<br>• Long history of service knowing customers/community<br>• Long history of working part of enjoyment of job<br>• Long history of The Coop means job security<br>• Ethical values -doing as they say<br>• Coop Family/home environment<br>• Organisational Values: customer service | • Coop = community involvement and long history with older workers/customers/family feel<br>• Customer preference for older workers who have a long history of service<br>• Older workers offer years in service and history of The Coop/loyal to The Coop<br>• The organisation accommodates older workers/supports EWL<br>• Support from ERCC/HR/Management<br>• Fair ethical company/values and respects workers/value for money/going back to roots<br>• Values = customer service<br>• Elderly customers trust Coop | **(A) Organisational Context: Values and Policy**<br>• A long history of knowing and working for the Co-op 'Family': knowing customers and community<br>• Ethical Values of the Co-op<br>• Co-op supports EWL (values older workers) |
| **BARRIERS TO EWL** | | |
| • Values lost/less so now/changing context<br>• More career progression for younger workers<br>• Lack of recruitment of older people | • Preference for younger workers (younger managers)<br>• Company changes meant new workers needed (stagnated)- older workers feel pushed out<br>• No specific support regarding older workers<br>• Society is too competitive to accommodate older workers | **(A) Organisational Context: Values and Policy**<br>• Need for wider organisational policy considerations regarding the ageing workforce |

Firstly, with **'(A) Wider Organisational Values and Policy'** (shown above in Table 5-2), looking at the facilitators to EWL, recurrent themes were reflected by older workers and supervisors. Participants relayed their long history of knowing and working for the Co-op as well as knowing customers and community, which it was felt was particularly pertinent for older workers who are loyal to the Co-op. Subthemes were combined that reflected the long history of the Co-op meaning job security and enjoyment

of the job for older workers, as well as customers having a preference for older workers in respect of their long history for the Co-op and their organisation's community involvement. Both older workers and supervisors' studies generated recurrent themes in respect of the organisation's ethical values, that the organisation supports EWL and was a trustworthy fair company to work for. Various subthemes that reflected these descriptions were combined to create the 'ethical values of the Co-op' subtheme both as a facilitator but also as a competitive advantage for the business with customer service. In respect of the barriers to EWL, recurrent subthemes from older workers and supervisors were around the feeling that the organisation values older workers less than younger workers. Subthemes were combined around more career progression for younger workers, a lack of recruitment of older people, a preference for younger workers by younger managers, that older workers feel pushed out and that society is too competitive for older workers. Further, older workers felt that the organisation had lost touch with its cooperative values, which was important to realign with. These factors were reflective of the need for wider organisational policy considerations regarding the ageing workforce.

Table 5-3 Table to Show the Evolution of the Thematic Framework for Theme (B) Health and Wellbeing

| Study 3 (contributory sub themes) | Study 4 (contributory sub themes) | Final Thematic Framework |
|---|---|---|
| **FACILITATORS TO EWL** | | |
| • Perception that EWL is good for Health<br>• Intention to EWL while still in good health<br>• Keeping active as a facilitator to EWL<br>• No intentions of retiring | N/A | **(B) Health: Perceptions of EWL as Positive and Healthy**<br>• Work itself and routine seen as important for health<br>• Self-perceptions of being an older worker |
| **BARRIERS TO EWL** | | |
| • Ill health as a barrier to EWL<br>• Retirement seen as positive for health<br>• Intention to retire- looking forward to retirement<br>• | • Physical tasks- lifting<br>• Physical aspect- standing<br>• Health barriers<br>• Sick leave<br>• Intention to retire- wanting to enjoy life | **(B) Health and Wellbeing as a Barrier to EWL**<br>• Work environment negatively impacts on health at work<br>• Retirement seen as important for health |
| **OTHER** | **CONTEXT** | |
| N/A | • Health and safety concerns (being attacked) | N/A |

Looking at the second theme **'(B) Health and Wellbeing'** (displayed above in Table 5-3) perceptions of EWL as positive and healthy was a recurring theme for older workers in relation the factors facilitative of EWL. Older workers repeatedly talked about the feeling that being active in work and routine were important for health, as well as intending to EWL as long as they were physically able to. These factors were combined to form the subthemes work itself and routine seen as important for health and (positive) self-perceptions of being an older worker. In respect of poor health and wellbeing as a barrier to EWL, recurrent themes that derived from both studies were around the work environment having negative impacts on health at work (e.g. prolonged standing, lifting, or that ill health itself is a barrier in a strenuous work setting) and that in some cases, retirement seen was as important for health.

Table 5-4 Table to Show the Evolution of the Thematic Framework for Theme (C) Social Factors

| Study 3 (contributory sub themes) | Study 4 (contributory sub themes) | Final Thematic Framework |
|---|---|---|
| **FACILITATORS TO EWL** | | |
| • Other social contact (other than partner, friends, family etc)<br>• Something to do/routine/variety<br>• Live locally<br>• Enjoyment of job- customer service aspect<br>• Combats loneliness/social isolation<br>• Social aspect of work good for health<br>• Enjoyment of social and community aspect of work<br>• Job satisfaction<br>• Enjoyment of job- without pride | • Local community level links<br>• Combats loneliness (e.g. at night time)<br>• Social aspect/something to do | **(C) Social: Sense of Community**<br>• Integral sense of community among older workers<br>• Social contact with customers an important part of role |
| **BARRIERS TO EWL** | | |
| • Caring for a partner or other<br>• Family life/grandchildren | • Caring for grandchildren/other caring responsibilities<br>• Male breadwinner role: perception that older women just want to fit in hours where they can/for families | **(C) Social:**<br>• Necessity to leave work for caring responsibilities |
| **OTHER** | **CONTEXT** | |
| • Seen as a mother figure<br>• Will retire when partner retires | N/A | N/A |

Looking at the third theme **'(C) Social'** (please see Table-5-4 above), various subthemes were combined from both studies that reflected a sense of community and social contact in respect of facilitators to EWL. This was both around the feeling of an integral sense of community, which was important for older workers and that social contact played role in preventing loneliness. This was also linked to a feeling of job satisfaction, but also overlapped with workplace factors. Social factors were also represented as barrier to EWL through a recurrent subtheme reflected by older workers and supervisors around caring responsibilities (e.g. grandchildren, spouse, other caring responsibilities), but this was not reflected by male participants in this study.

Table 5-5 Table to Show the Evolution of the Thematic Framework for Theme (D) Workplace Factors

| Study 3 (contributory sub themes) | Study 4 (contributory sub themes) | Final Thematic Framework |
|---|---|---|
| **FACILITATORS TO EWL** | | |
| • Older workers seen as thorough<br>• Older workers seen as more senior (in role) compared to younger workers<br>• Older workers lead by example<br>• Older workers seen as more productive<br>• Perception of being slower but a perfectionist<br>• Feeling worthwhile/purpose<br>• Work ability<br>• Respect from management<br>• Praise/encouragement/appreciation from management or supervisor<br>• Treated the same as other members of the team<br>• Team work<br>• Good team dynamics/friendly environment/support from colleagues/socialising<br>• Preference for morning shifts in older workers/younger staff don't want mornings<br>• Avoid night shifts<br>• Support from manager with reducing hours<br>• Support from manager- approachable and open<br>• Support from the team mitigates challenges of physical tasks<br>• Support from managers with caring responsibilities<br>• No pressure put on you<br>• Ask for help<br>• Flexibility from organisation with shifts<br>• Flexibility with role role/tasks/workplace adjustments<br>• Management support health needs and are flexible<br>• Choice over hours<br>• Task completion satisfaction<br>• Older workers seen as punctual<br>• Never off sick<br>• Hours are flexible to accommodate caring responsibilities/other | • Older workers are more suited to customer service<br>• Older workers more productive/hardworking<br>• Older workers quick learners<br>• Younger workers don't have the same patience- generational difference-respect<br>• Team work<br>• Good intergenerational dynamics- younger staff should help<br>• Need for regular team meetings<br>• Respect from colleagues/treated the same as other members of the team (younger colleagues<br>• No discrimination against older workers in the team<br>• Realistic expectations<br>• Manage personality/capability not age/make natural adjustments<br>• Mindful of balance of younger and older team members/diverse workforce<br>• Diversity has a positive impact on the store's atmosphere<br>• Balanced workload between team<br>• Added value of older workers- e.g. better customer service<br>• Adapt targets/hours to suit older workers<br>• Relocate older workers to stores that are more suitable<br>• Give older workers a voice<br>• Loyalty to staff<br>• Flexible with hours and role (mitigates physical challenges)<br>• Workplace adjustments e.g. fold up chairs<br>• Preference for mornings/daytime shifts<br>• Give breaks at retirement age<br>• Allow managers to adapt roles<br>• More suited to the bakery<br>• Prevent discrimination of older workers e.g. whistle blowing<br>• Larger store/variable roles can be | **(D) Workplace Factors**<br>**(D)(a) Workplace: Work Ability, Physical Demands and Productivity**<br>• Perceptions of older workers as more productive<br>**(D)(b) Working Together with Support and Respect**<br>• Positive support and respect from management<br>• Positive communication within team, team work and consistent team members<br>**(D)(c) Workplace: Flexibility and Choice at Work**<br>• Tailored flexibility and choice to shift patterns<br>• Workplace adjustments |

| | | |
|---|---|---|
| work/religious needs/volunteering<br>• Conversations about flexibility post 60/listen to preferences of hours<br>• Part-time hours/reduced hours mitigate challenges<br>• Shorter shifts mitigate health problems/other barriers<br>• Supervisor flexible with my hours/shifts<br>• I am flexible with hours I can do for the organisation<br>• Continuity within the team<br>• Staff development e.g. 'multi-skill'<br>• Breaks | more accommodating<br>• Accommodate religious needs/volunteering/caring for grandchildren/caring | |
| **BARRIERS TO EWL** | | |
| • Perception of older workers being unemployable<br>• Less productive when older with physically strenuous work<br>• Perception that younger workers are quicker than older workers<br>• Physical aspect of the work can act as a barrier<br>• Gendered context of physical tasks<br>• Trip hazards<br>• Pressure of work<br>• Pressure of work knocks morale<br>• Going up the stairs<br>• Health and safety issues e.g. reduced staff<br>• Low staffing increases work pressure<br>• Target driven<br>• Preference for young people<br>• Perceptions of younger members of the team not<br>• contributing to tasks<br>• Managers negative perceptions of older workers<br>• Younger colleagues need more training in customer service/other tasks<br>• Lack of appreciation from younger workers<br>• Task division across team uneven (older colleagues compared to younger colleagues)<br>• More training for managers on handling younger colleagues staff performance<br>• Lack of communication<br>• Changes of manager<br>• Role is now varied rather than | • Gendered context to physical work (women seen as less physically able)<br>• Younger workers better at deliveries/physical aspect of role<br>• Workplace adjustments- not practical<br>• Perception that older workers are irritated by being told what to do<br>• Perception of older worker's ability e.g. concerns about lifting<br>• Perception that older workers are less productive/slower/computer literate<br>• Perception that older workers 'play on age'<br>• Colleagues perceptions of older workers can be negative/not empathic<br>• Perception that older workers can be stubborn<br>• Older workers seen as less adaptable to change<br>• Older workers seen as less productive<br>• Supervisors performance manage out older workers/negative perceptions<br>• Need to be multi-skilled<br>• Older workers less suited to delivery<br>• Older workers more reliable and experienced than younger workers<br>• Older workers are easier to manage/require less training/supervision | **(D)Workplace (a)Work Ability, Physical Demands and Productivity**<br>• Perceptions of older workers as less productive than younger colleagues<br>**(D)(b) Working Together with Support and Respect**<br>• Lack of support and respect from management<br>• Lack of team consistency, staffing issues and poor communication<br>• Intergenerational issues<br>**(D)(c) Workplace: Flexibility and Choice at Work**<br>• Lack of choice and flexibility to workflow/role<br>• Lack of tailored flexibility and choice to shift patterns |

| | | |
|---|---|---|
| specific<br>• Need to be flexible with availability adds to work pressure on team<br>• Lack of individual recognition<br>• Lack of financial rewards for experience<br>• Evening/weekend shifts<br>• Lack of choice of shifts/new system | • Older workers are hardworking, reliable and methodical compared to younger workers<br>• Accommodating older workers ambitions/needs<br>• Remove all trip hazards<br>• Customer service/working on the till mitigates the physical nature of the job<br>• Smaller stores are limited/difficult to implement a policy on ageing<br>• Store dependent<br>• Repetitive/monotonous tasks | |

The fourth theme **'(D) Workplace'** (shown above in Table 5-5) was the largest overarching theme and a range of smaller themes were classified within this group: (D)(a) Work Ability, Physical Demands and Productivity; (D)(b) Working Together with Support and Respect; and (D)(c) Workplace: Flexibility and Choice at Work. 'Work ability, physical demands and productivity' was identified as a recurrent theme in the data around perceptions of older workers as more productive (e.g. hardworking, thorough, punctual and reliable), which was perceived to act as a facilitator to EWL by older workers and supervisors. Although conversely, another reoccurring theme was the perception that older workers are less productive than younger colleagues in respect of physical and fast paced tasks (e.g. due to being a 'perfectionist'), which acts as a barrier to EWL (perceived by older workers and supervisors).

A number of similar sub themes were recurrent around positive support and respect from management, positive communication within team (e.g. praise, encouragement and support; support from management and supervisors), team work and consistent team members (e.g. being mindful of the balance of young and old workers; being treated the same as other members of the team). These were combined to form the theme 'Working together with support and respect'. Conversely, barriers were identified as a lack of support and respect from management, a lack of team consistency, staffing issues and poor

communication, as well as intergenerational issues. Secondly, in respect of flexibility and choice at work a number of subthemes were combined from the data derived from older workers and supervisors that fit within tailored flexibility and choice to shift patterns and workplace adjustments. While, a lack of tailored flexibility and choice to shift patterns and a lack of tailored flexibility and choice to shift patterns was a recurrent theme representing barriers to EWL identified by older workers and supervisors.

Table 5-6 Table to Show the Evolution of the Thematic Framework for Theme (E) Financial Factors

| Study 3 (contributory sub themes) | Study 4 (contributory sub themes) | Final Thematic Framework |
|---|---|---|
| **FACILITATORS TO EWL** | | |
| • Financial incentive to EWL<br>• Financial necessity to EWL due to lack of partner/spouse<br>• Financial necessity to work due to lack of pension and career breaks<br>• Financial necessity to EWL (due to state pension age changes)<br>• Financial incentive to work due to lack of private pension | • Financial necessity to EWL due to partner bereavement<br>• Financial necessity to EWL | **(E) Financial: Personal Choice in EWL**<br>• Choice to stay in work for financial reasons |
| **BARRIERS TO EWL** | | |
| • Financial incentive to retire<br>• Lack of transport as a barrier to EWL<br>• Financial constraints to EWL | N/A | **E) Financial: Personal Choice to EWL**<br>• Necessity or incentive to stay through financial reasons |
| **OTHER** | **CONTEXT** | |
| • Emotional impact of EWL due to pension changes | N/A | N/A |

Lastly, theme '(E) Financial' (shown above in Table 5-6) was expressed as a recurrent theme across the data with older workers and supervisors in respect of choosing to stay in work for financial reasons (e.g. due a bereavement or not having saved enough pension credits). Older workers also talked about being able to retire for financial reasons

and this was a repeated theme in the data. The themes and subthemes will now be reported along with illustrative quotes from the data. Firstly, Table 5-7 and 5-8 show the main themes reflecting the facilitators and barriers to EWL, respectively. The subthemes to these themes are also presented in the tables below.

Table 5-7 The Main Themes and Subthemes reflecting Facilitators to Extended Working Life

| Facilitators to EWL | Sub themes |
|---|---|
| **(A) Organisational Context: Values and Policy** | • A long history of knowing and working for the Co-op 'Family': knowing customers and community<br>• Ethical Values of the Co-op<br>• Co-op supports EWL (values older workers) |
| **(B) Health: Perceptions of EWL as Positive and Healthy** | • Work itself and routine seen as important for health<br>• Self-perceptions of being an older worker |
| **(C) Social: Sense of Community** | • Integral sense of community among older workers<br>• Social contact with customers an important part of role |
| **(D) (a)Workplace: Work Ability, Physical Demands and Productivity** | • Perceptions of older workers as more productive |
| **(D) (b)Working Together with Support and Respect** | • Positive support and respect from management<br>• Positive communication within team, team work and consistent team members |
| **(D) (c)Workplace: Flexibility and Choice at Work** | • Tailored flexibility and choice to shift patterns<br>• Workplace adjustments |
| **(E) Financial: Personal Choice in EWL** | • Choice to stay in work for financial reasons |

Table 5-8 The Main Themes and Subthemes reflecting Barriers to Extended Working Life

| Barriers to EWL | Sub themes |
|---|---|
| **(A) Organisational Context: Values and Policy** | • Need for wider organisational policy considerations regarding the ageing workforce |
| **(B) Health and Wellbeing as a Barrier to EWL** | • Deteriorating health and wellbeing impacts on work<br>• Work environment negatively impacts on health at work<br>• Retirement seen as important for health |
| **(D) (a)Work Ability, Physical Demands and Productivity** | • Perceptions of older workers as less productive than younger colleagues |
| **(D) (b)Working Together with Support and Respect** | • Lack of support and respect from management<br>• Lack of team consistency, staffing issues and poor communication<br>• Intergenerational issues |
| **(D) (c)Workplace: Flexibility and Choice at Work** | • Lack of tailored flexibility and choice to shift patterns<br>• Lack of choice and flexibility to workflow/role |
| **(C) Social and (E) Financial: Personal Choice in EWL** | • Necessity or incentive to stay through financial reasons<br>• Necessity to leave work for caring responsibilities |

## 5.3 Organisational Context: Values and Policy (A)

The organisation's unique values emerged as a strong overall theme, which was identified by the majority of participants, both older workers and supervisors. Organisational values were reflected as either (or both) a barrier and a facilitator to extended working life (EWL), in respect of the following sub themes:

(a) A long history of knowing and working for Co-op 'Family' and knowing customers and community (Facilitator)
(b) Ethical values of Co-op (Facilitator)
(c) Co-op supports EWL (Facilitator)
(d) Need for wider organisational policy considerations regarding the ageing workforce (Barrier)

A discussion of each subtheme along with illustrative quotes reflecting facilitators and barriers will now be presented.

*(a) A long history of knowing and working for the Co-op 'Family': knowing customers and community (Facilitator)*

Many older workers and supervisors described the sense of being part of the Co-op's 'family' history. Several older workers described having lived and worked in the organisation and the community for several years, so subsequently knowing the customers. One older worker talked about having grown up with the organisation since being a child of three years old. He described being born close to the place of origin of first the Co-op and how his aunt had worked there, which meant he knew all the staff and remembered the 'divi' membership stamps, as well as getting clothes from the store:

> *"I've grown up with the Co-op and I was born in Rochdale, which is the Pioneers, the Rochdale Pioneers, the first Co-operative Society and my aunt worked for the Co-op in their main store for years, years and years and years. So from being three years of age and we used to get our 'divi'* [laughs] *but that's gone now and know you still get points, but with the divi you saved it and you got your clothes, you know so I knew all the staff and the manager and then you used to go in his office and I remember him now and he'd give me a sweet because my aunty worked there you see, so I've grown up with the Co-op, it's always been a part of my life, you know?"* [Male Older Worker].

Other descriptions of having a sense of a long history centred around having had a long length of service, which led to a sense of job security. Job satisfaction was also linked to this, whereby older participants often cited their history with Co-op as part of the enjoyment of the job.

> *"Well I've worked here sixteen years, this is my sixteenth year and while being here it's been the united Co-op, for a few years, and then we came under the main Co-op umbrella. My experiences have been quite good really and that's why I've stayed so long"* [Female Older Worker].

> *"A business like this, at least we don't worry about our jobs at all. Why? Because the Co-op has got a long history"* [Male Older Worker].

A sense of family was also discussed extensively by older workers and supervisors, which seemed to be related to: the values of the organisation; being part of the community geographically and by developing relationships with customers over time, and being part of the Co-op family (discussed further in section 5.6):

> *"We knew everybody and it was really, really good; it was like a big family"* [Female Older Worker].

> *"I like it, well I've lived down here since 1974 and I know personally down here loads and loads of the people. If I went and stopped, went at home and just sat there. That's not me, I want to continue as long as I can. You know, if it's a struggle to work, you can do it can you, it wouldn't be fair on anyone else but I would like to"* [Male Older Worker].

> *"I think most of the people that are of an age they have been with the Co-op a considerable amount of time and have grown through and with the Co-op. So, I think they feel great* [older workers] *by it because they feel like the Co-op family which is really unique to business and definitely unique to retail. So, I think the word with that is just having the Co-op effect"* [Male Supervisor].

This customer service focus and community work was described as being embedded and encouraged within the organisation from the top down, whereby a participant reported that this was more so than in other organisations they had worked in. One specific example of charity and community work in store described by a supervisor was an event in aid of The British Red Cross where staff dressed up in red and organised a

fundraiser through a jumble sale and cake stall. An older member of staff was felt by their supervisor to be altruistically motivated to promote this fundraiser by telling all the customers about it. Overall, older members of staff reported customer service and community work was a positive factor of their work, which they felt contributed to overall team morale and a key benefit of older workers being engaged was having a long history with the Co-op as well as the customers:

> *"…with XXX* [other leading supermarkets] *and the staff are so rude, I mean here they enforce it in us to say hello and goodbye and to smile and what have you but they've just been so horrible and rude* [in other stores] *so I think the Co-op is good with their staff like that you know you go in to a Co-op and they're always smiling even if they don't know you. The really push customer service here and I think it works and plus they're all happy here and there's no one that doesn't get on with everybody so I think that helps as well"* [Female Older Worker].

> *"You know the same with more of our elderly staff and they know the customers so having the regular customers during the day and interacting with them it's a plus side for us as well"* [Female Supervisor].

> *"So, for example last weekend we supported The British Red Cross last weekend so we did a fundraiser on Saturday because it was big red weekend it was so everyone dressed in red we had a like a jumble sale we had a raffle we have a cake stall just at the front of the shop. So, F was, F being F took it upon herself to tell every single customer that went through the tills, she was talking to them about the Co-op coming on Saturday we have got loads of stuff going on"* [Male Supervisor].

However, not everyone agreed that the sense of family was still in place. Some older workers felt that the Co-op had changed, in that there were less social events where employees were made to feel part of the company, and that the company was no longer different in comparison to other organisations:

> *"Again, it used to be really good until they changed everything so I remember when we worked in the XXX it was still part of the Co-op, they had a gym, a social network gym, err every Christmas they had a children's party, that was one of the best things they did a children's Christmas party, which was funded by them and the social, we used to have a sports and social club where you could get theatre tickets, any tickets you wanted cheaper, you know you still have to pay for them they wasn't giving anything away but you were made to feel part of, it was a really good concern, it was better, a lot better, that's what they used to be like but it's not like that anymore that's gone now that's all finished"* [Female Older Worker].

A number of supervisors however, noted that although the organisation had undergone a period of change it was now going back to its core values in that the team was starting to feel more positive due to customers that had been lost returning. This was related to a number of changes including: prices dropping; being more connected in the community, for example doing work in local children's centres and supplying fruit for the children; and going back to a local vision rather than focussing on larger stores. Some employees felt that in store they engaged with the community e.g. when someone is ill in the community the staff members arranged to deliver a hamper or some flowers. It was also noted that this process of change was happening gradually but overall it is a positive for the organisation to be going back to its traditional values:

> *"We are starting to feel a bit more positive and I think the customers that we lost are coming back again, because they are dropping their prices and we seem to be more community involved now we gave out, if somebody's ill we have give them a hamper we deliver a wee bunch of flowers nothing elaborate but people see that as positive and I am involved with sure start now in the community centre, I enjoy that and we supply them with their fruit on a Friday for the children, that's quite a good way of getting to know the community"* [Female Supervisor].

> *"…the company's direction is changing little bit more, just their ambitions moving from out large stores to convenience and changing the vision of the Co-op going back to our roots a little bit so that's the main change. That's a gradual change it's not going to happen overnight"* [Male Supervisor].

> *"Yes, they are a good company and they have all have had bad times and stuff like that, they are re-doing, they have revamping everything now and they are going back to their traditional values like they used to do years ago"* [Female Supervisor].

(i) Competitive advantage that Co-op has, related to its long history

A number of supervisors also described the customer association with the organisation's history in terms of the competitive advantage this has for the business. They perceived that customers, particularly older customers who remember the membership cards, are familiar and loyal to the brand for this reason. Although this was not considered a barrier or facilitator to EWL, it is noteworthy:

*"…they* [older customers] *relate to the Co-op because their mum all had the Co-op cards when they were younger, one said I can even still quote the membership number of the club cards"* [Female Supervisor].

*"…they* [customers] *are part and parcel of the Co-op aren't they you know, it's familiarity for a lot of customers as well"* [Female Supervisor].

*(b) Ethical Values of Co-op (Facilitator)*

A number of older workers and the vast majority of supervisors described the ethical and fair nature of the organisation and Co-op values to employees and customers. In respect of its employees, there was a perception that the Co-op treated them in a fair way, going back to the 'old fashioned' values, being loyal and supportive, a company that employees have wanted to worker for, that they can a broad range of experiences from, and that it acts on its promises, whilst supervisors reported that the organisation is a good ethical company that constantly reviews its practices in order to continually improve, learning from their past mistakes, and treats its employees well by paying fairly, supportive with people e.g. supporting females through pregnancies and supporting the elderly by respecting and valuing their contribution, allocating increasing holidays, as well as getting back to engaging with the community:

*"They are a good ethical company to work for they are constantly reviewing the ways in which they are working to improve it's never just forgotten about and you are just expected to get on with it, they try to make things fair, whether it's improving pay giving colleagues more holidays giving colleagues more right I think it's quite a good company.."* [Female Supervisor].

*"I've found them to be excellent, excellent people to work for, you know I really have. My aunt wouldn't have worked for these all those years if they weren't caring and they were. Obviously, it's down to individuals in a group and you can say 'we'll do this, we'll do that, we'll do the other' but it's down to the individual managers or area managers how that filters down to the bottom level. You know they can yeah 'were gonna do this' it's like politicians they'll tell you anything but really at the beginning until it actually works down to your bit it's just words but with the Co-op I must admit that with that they say, they endeavour to do. You know, I can't fault them and I can't say a bad word about any of them and it's really sincere"* [Male Older Worker].

*"It's a company that I have always wanted to worked for you do get a lot of experiences different days, weeks, months as day goes by and if you can't sort*

*out…I have been working for the Co-op now in my 13th year and I have loved every minute of it"* [Female Older Worker].

*"On the plus side I mean they have actual put up our wages and seem to be turning this corner again do your work positive wise they seem to be back to the old fashioned values now to get the community engaged in, cause I am going to start doing my coffee mornings again, they stopped but that's on the plus side, I think they have learnt from their mistakes in the past and they are turning the corner and bring the locals so maybe that's a positive side of it"* [Female Supervisor].

*"Really carry on what they are doing, I have to say that I have been with the Co-op 7 years and I really do think that the way they are with their staff is fantastic. The way they support people not just through age, through pregnancies or personal reasons they are very, very supportive and with the elderly they respect them and really appreciate the input they give to us and what they can do for us as a company. You know so that is great for them but it's also great for us, I think the Co-op as whole are a really good company to work for"* [Female Supervisor].

This ethical concept was also exemplified in respect of fair trade comparable prices and offers, which was reported as enabling the organisation to stand out from its competitors:

*"Well, the ethical concept and fair trade, I think we do a lot more fair trade than other places and I think the last twelve, eighteen months the prices are far more comparable to our competitors now although we're not classed as a supermarket people always assume that they are but they can see now that there's lots of offers that are better than or comparable with the supermarkets so that has got an awful lot better"* [Female Older Worker].

*(b) Personal Choice in EWL*

(i) Participant Intention to EWL or Retire (Facilitator and Barrier)

The majority of older workers stated that they were either already working beyond state pension age, or they were unsure whether they would continue working beyond state pension age, but were open to the idea of doing so. For example, one participant described her ambition to retire but in practice she may end up choosing to reduce her hours rather than finishing work completely but that would be her choice:

*"I am looking forward to retirement but that's in 3 years but when it actually comes I don't know whether I want to stop work completely and there will be nothing you know if they could it may be good if they can keep you on, you see I am*

*only on a 12 hour contract anyway so that would be good if they could just keep me to those hours, because at the moment I do about 25 hours, so yes there is a choice whether you want to carry on or not"* [Female Older Worker].

Overall, older participants described their intention to EWL if their manager was happy, they were in good health and could carry out the job efficiently, although recognised that sometimes this was challenging. A male older worker relayed his experience of being 79 years old and asked about where he sees himself in three years as part of an organisational annual review and he replied that he intends to be still working for the Co-op. One female older worker talked about her intention to work as long as she can, although she also talked about sometimes wishing it to be easier:

*"…am still here after six years and I'll carry on after six years. You know, another question in the review was 'where do you see yourselves in three years' time XX?' and I said '82 and still working for you I hope' so that's the way it is"* [Male Older Worker].

*"I've got another 5 years at least but yeah I do intend to do it as long as I can still give erm 100% of the job I do and my workforce and my manager mainly is happy with what I do and how I do it then I'm quite happy to carry on. There is sides of it where there is some days where I think 'aww god I wish it was easier' or 'I wish it was this, that and the other' but I am quite happy doing what I do in the time that I do it."* [Female Older Worker].

*"I enjoy it and I've always worked all my life and I don't see any reason to stop while I've still got my health"* [Male Older Worker].

Of those participants who stated that they were not planning to work past state pension age the majority were female. Further to a perception of retirement being positive for health, as discussed in section 5.4, the desire to retire being a finite matter was exemplified by a female older worker, who stated she had worked since leaving school and felt the younger generation should take over:

*"…I would love to retire at 65 I have worked from leaving school. I have worked all my life and I think once my retirement age comes, it's about time that I give up and let the younger generation try and get the job, and I have always said that always"* [Female Older Worker].

In response to the question, 'is there anything preventing you from working for longer?' male older workers described the experiences of enjoying work relating to firstly, experiences of a parent going back to work after a period of retirement and the genuine desire to EWL. Secondly, it was seen as important to have a strong work ethic and enjoyment of routine, enjoying the perfect balance between work life and family life through being able to work a morning shift, and finally, enjoying interacting with customers more so than the financial reward:

> *"No, not for me. Well for example, my Dad and I had a family business selling records for 30 years but my Dad decided at 65 he was going to take a bit of a back seat, but I mean the back seat never even started he was like popping in, still saw you every day, did the books, and thought oh, I want to be involved…so it's like that for me"* [Male Older Worker].

> *"I like work, I just like working. The bits attached to that are that going out to work is a pattern to the week, a pattern to life. I'm up at the morning at ten to five, wash save, have my breakfast (a good breakfast) and off to work. XXX* [partner] *gets up at some subsequent time and she gets her thing done in the morning. We then meet around about midday and the rest of the day is ours, so it's a delightful pattern to life. It's starts with I do enjoy working. It doesn't matter what I do"* [Male Older Worker].

> *"Well I don't think it's the money. The most important thing is I like to communicate with our customers"* [Male Older Worker].

(ii) Caring responsibilities (Barrier)

A range of female older workers, although interestingly no male older workers, raised caring responsibilities as a barrier to EWL and a number of supervisors also identified caring as a key barrier. This was in respect of caring for a partner, grandchildren (which was very common among older female workers), elderly parents or caring for others in the community. Some older participants felt however, that flexible shifts may enable them to accommodate this (discussed further in section 5.6 '*Workplace Barriers and Facilitators to EWL (D)*'):

> *"I don't think there is anything, nobody's preventing me from working for longer. If my husband needed a carer, other anything like that no because my husband still works"* [Female Older Worker].

> *"The key reason are my grandkids and I just love looking after them that's one of the main reason"* [Female Older Worker].

> *"I look after XXX so I don't work Mondays and I don't work Thursdays because I look after Mrs XXX besides going about two times doing her shopping and things"* [Female Older Worker].

> *"Well this lady in particular does look after her grandkids so her availability is restricted on certain days and she doesn't drive, so she does have to rely on her husband a lot and she does care for another elderly lady that is more of a friend as well"* [Female Supervisor].

*(c) Co-op supports EWL (Facilitator)*

When asked if the organisation created an environment that supported EWL, there was a perception amongst a range of older workers and around half of supervisors that the Co-op did not force people to retire or increase their hours, rather they were perceived to accommodate older workers in extending their working lives. Participants talked about being supported to making the decision as their individual choice and felt there was no pressure to keep up full-time hours or continue working. Further one worker described how the Co-op do not carry out medicals to prevent people from people able to work, although there was recognition from a supervisor that the worker would need to be able to physically do the job. This supervisor also described how they had a member of the team who was eighty years old the previous month and still working:

> *"I don't know actually, whether they encourage you to work longer? They probably do because they don't force you to retire at 60, you know some firms used to, you know you couldn't work after 60 and in a way, I suppose there's nothing to stop them from doing medicals at my age to say well I don't think you're fit enough to do the job that you do so off you go. So, in a way you know I suppose they do encourage you by letting you make the decision. You know, the choice is yours really"* [Female Older Worker].

> *"I don't think they put any pressure on you, no one's suggesting that I go on full-time or that I go down to this, you know, do you think you should and there's no pressure whatsoever you just carry on"* [Male Older Worker].

*"In my experience yes, because you know like I say I have accommodated people. If there is that job there and they are available to work that job and they physically can then why can't they because they can. So, it's never a problem not really no"* [Male Supervisor].

*"Yes, I do as long as someone is capable to the job then they should be able to work until they decide they want to finish. I mean* [one of the staff] *was 80 the last month or the month before, he's able to work so let him work, it's up to him"* [Female Supervisor].

In fact, one supervisor went on to describe that they felt that the Co-op workforce had a higher number of older workers than other competitors because of their loyalty to the values of the organisation, although this was also perceived to pose a challenge. The other organisation that the supervisor had been in was seen as 'possibly discriminating', whereas the Co-op keeps older workers on, which was described as posing some challenges for him:

*"As I say can only talk for this shop, what I will say so in all my years at XXX* [competitor] *I probably had around 10 shops in my time, 9 or 10 the Co-op has a far more ageing population of workers than say XXX* [competitor] *does, now whether that's because XXX* [competitor] *are possibly just like discriminating but I would say the shops I worked in I have been in this shop and I trained D Road I don't know they seem to be a much more, but like I said before the loyalty to the Co-op and the experience when you speak to the staff so in that sense you could say the Co-op are doing right by them because they have stayed there all these years but it does make it difficult it's a been a bit of a challenge for me"* [Female Supervisor].

In terms of the support given to older workers by the organisation, the majority of supervisors described the need to be flexible with older workers, for example by reducing hours and the physical aspect of the job, in order to promote an environment that facilitates EWL. In their perception, the organisation recognises and promotes this:

*"…there is no discrimination here at all we are quite flexible with their working hours as they get older you have to be flexible working within a store, but the Co-op realise that once you get to certain age you have to give and take so as much as they are giving to you, you have to give back, with little things like that cutting their hours down shorter shifts, you know not working as late, not being on the physical side, but I think Co-op cover all that , I think they are really good with them"* [Female Supervisor].

However, there was also recognition from one supervisor that the organisation could further accommodate older workers' needs by allowing more flexibility in respect of workflow to balance their added value and years of experience and their presence within the store in terms of their steer and positive impact on other colleagues:

> *"…I don't know what they base it on so they say right we know it takes two hours to work a delivery but even if where does it say it takes two hours to work a delivery so sometimes it's maybe they should look at you know a little bit more depth I suppose, but that's the only experience I have and because they have been in the store such a long time they do have a quite a lot of influence I have seen with colleagues and stuff. So, because they are quite a big personalities and you know they are almost part of the furniture I suppose aren't they cause they have been here, I am talking like 25 / 26 years in this shop"* [Male Supervisor].

*(d) Need for wider organisational policy considerations regarding the ageing workforce (Barrier)*

A number of older workers reported that they felt the organisation did not create an environment that encouraged people to work for longer, particularly in respect of acknowledging older workers. There were perceived barriers to EWL due to a lack of recognition/value as a staff member, in particular as an older worker. Specifically, there was seen to be a lack of consideration in respect of the organisations' policies, i.e. in respect of recruitment, whereby there was a perception that there was a preference to hire younger, rather than older employees; and through pay scales, which were perceived as not accounting for experience and reliability:

> *"I wouldn't say they created* [an environment that enables people to work for longer] *it really"* [Female Older Worker].

> *"Well again it just all goes back to support I don't know whether they actually know how many people they've got you know, I don't know that it's some that they realise they've got older people working at the Co-op…I'm not saying they have to send letter out and say how are you doing, there's things going on but and things like that but it's as if they don't recognise you, they don't know you're here. You know what I mean? You're just a number in a way"* [Female Older Worker].

> *"They don't seem to be taking on the older ones the same and we've had about five staff on recently and they're like 18, 19, 20, 21 I think the eldest one were about 22, you just feel like you're getting pushed out a bit"* [Female Older Worker].

*"I personally think there should be two pay scales for CTMs* [customer team members] *because I earn the same as this guy that started last week, well I don't think that is fair at all. I've got experience, they know my reliability, I should be given something for that"* [Female Older Worker].

In terms of supervisors' perceptions of support from the organisation around EWL, around half of all supervisors felt they had enough support from management in terms of Human Resource (HR) support from the Employment Relations Contact Centre, which offers supervisors a range of services to assist in challenging situations:

*"…we have routes we can go where we can go down whether it's speaking to another manager the area manager the ERCC employee relations that gives out all kinds of advice the policies and the internet that we can get off there is all kinds of support for that"* [Male Supervisor].

*"If there is anything I can't deal with there is always someone I can contact the ERCC you know if I have anything I don't think I can manage there is always someone I can contact that will give me advice and other store managers and supervisors that have had the same experiences, there is always someone there to help"* [Female Supervisor].

However, when asked about further support in respect of an ageing workforce, a number of supervisors felt that there were societal and organisational barriers to effectively managing and recruiting older workers in respect of the competitive advantage business need, and the perception that younger workers offer more to drive that forward coupled with limited time and resources available. Therefore, this has a potential impact on older workers' ability to EWL in terms of the business being target driven. This was also described as supervisors' reluctant attitudes to employing older workers compared to younger workers who might be perceived to be better at achieving targets and motivating others:

*"Society itself really, in a nutshell why would you have a young manager of 24 – 25 if you had someone of 25 in an interview and someone of 65 who would you go for? Again, that's a society thing. They are thinking of who can make the impact and motivate the team I am just saying you wouldn't employ a 65-year-old as opposed to a 25-year-old, or a 60-year-old because you are thinking as a manager what you want to get out of that person"* [Male Supervisor].

*"I don't think the nation in general think about the elderly in the right way because everything is so competitive: the competition is so great to be number one and it's survival of the fittest almost some times and that's the reality of it….I am being very honest to kind of say it's difficult when you have a kind of 50 hours a week, but there is 50 hours a week that are very limited to what we can actually do"* [Male Supervisor].

The overwhelming majority of supervisors felt there was a need for the organisation to promote being an age friendly employer and demonstrate that they value their older workers and recruit using a range of age friendly methods, which they described as highlighting the benefits of older workers to store managers e.g. more loyalty from older workers, older workers taking less sickness absence at weekends than younger workers, and their levels of experience and knowledge. This was described as something that might also lead to more older people in general feeling valued and wanted by the organisation. Further, there was a feeling that older workers' recruitment processes should be improved both in respect of not restricting advertisements for jobs to computer or information technology based approaches and reinforcing the benefits of the older workforce with supervisors:

*"…so, I think maybe not educating the store managers but maybe making them realise that actually maybe there is a benefit to having a certain amount of staff who are of a certain age then yes I think if they could maybe target the store managers and maybe even area managers if you know if they get involved with recruitment processes and stuff"* [Female Supervisor].

*"I think to let them know they are valued do you know what I mean they have got a lot to offer they have a hell of a lot more loyalty do you know what I mean the youngsters on a Friday and Saturday we get the sickies you don't get it with the oldies, you don't you just don't…I think we should do it through advertising more, even if we had like a set ad for older people, oldies welcome. Not saying oldies welcome you know, so sort of you know, you never too old to work at the Co-op something like that. I think we would probably be surprised at how many would come in"* [Female Supervisor].

*"…for recruitment, a lot of the Co-op recruitment is on computers 75% of the older people don't have a computer at that house, you will find a lot of older people don't have computers so maybe they don't advertise on the windows anymore, it's all on these mobile phones and things. I think they need to go back to*

*more of the local recruitment but the post in the window "staff required at this store and the hours" that's what I think personally"* [Female Supervisor].

*"…more companies need to embrace the idea of the older generation because you know they're very knowledgeable"* [Male Supervisor].

The vast majority of supervisors also felt there was an added benefit of having older workers in the team. This was seen in terms of the customer service skills, confidence in dealing with customers, being methodical, having life skills and empathy in dealing with situations, enthusiasm and the reliability that older workers offer in comparison to younger workers. Whilst younger workers were seen as having strengths, such as being full of energy and enthusiasm, it was often felt that older workers were better at engaging with customers:

*"I think as you get older you get more confident in speaking to people and engaging with your customers where as the students, they live their lives through these phones so they don't get the art of conversation a lot of the time but I think as you get older you get more confident talking to people asking how they are and how's this and how's that you get to know people but I think you get that with age, don't you? I think you do anyway I am not saying student don't have good points they are full of energy a lot of them not all of them are full of enthusiasm in their own way"* [Female Supervisor].

*"I personally I find them more methodical more confident and they have better customer service"* [Male Supervisor].

*"I think again, it's acknowledge their life skills more than anything. Acknowledge that we won't just have a blinkered view if something happens we will be able to put again empathy and understanding into dealing with the situation"* [Male Supervisor].

*"While I think maybe the younger generation are quite* [pause] *they don't have the patience I would say to deal with situation, if or when things arise, whereas an older person is able to as they have the experience to deal with the situation as well"* [Male Supervisor].

## 5.4 Health and Wellbeing as a Barrier or Facilitator to EWL (B)

The vast majority of participants (both supervisors and older workers) identified barriers to EWL, which were split into two main themes: 1) health as the main barrier to extended working life, in respect of how deteriorating health and wellbeing impacts on work and; 2) how a poor work environment impacts on health. Two sub themes were also identified as facilitators to EWL in respect of perceptions of work itself. Specifically, routine was identified as being important for health and wellbeing by a range of older workers. Perceptions of retirement being conducive to good health were also evident. The subthemes were as follows:

(a) Deteriorating health and wellbeing impacts on work (Barrier)
(b) Work environment negatively impacts on health at work (Barrier)
(c) Work itself and routine (or retirement) seen as important for health (Facilitator and Barrier)
(d) Self-perceptions of being an older worker (Facilitator)

These subthemes will now be discussed along with illustrative quotes from older workers and supervisors:

*(a) Deteriorating health and wellbeing impacts on work (Barrier)*

The majority of older workers and supervisors stated that health was the top barrier preventing people from working for longer, which was felt to be more important than the financial necessity to EWL. A number of supervisors described examples of older workers who might find the physical requirements of the job difficult e.g. impacts on their health particularly if they have arthritis and back problems and the ability to walk around and that prolonged sickness prevents EWL:

> *"Health obviously and if you don't feel like you can carry on any longer"* [Female Older Worker].

> *"Well I think health that's the main thing, isn't it? If you've not got your health you've got nothing really… I think health is the main one, even if you needed the money if you couldn't work because of your health then that's it"* [Male Older Worker].

> *"Is it's difficult so M will probably end up not working longer. M's health will probably prevent her from working longer because sadly that's the way it is she can't really walk around too well at the moment. Now F will probably just work until, there will be nothing preventing F working 22 hours a week because that's her contract and there is nothing to stop her from doing that by now I don't say the Co-op put pressure on them unless she was off sick extensively"* [Male Supervisor].

> *"Just because this job's physical I would say as you get older you get things wrong with you and arthritis and back problems and just with retail it's all so physical that's the restriction really"* [Female Supervisor].

One male older worker described having a choice to EWL despite ill health, suggesting a perception that although negative health can influence an individual's choice to work, poor health did not necessarily stop people from working:

> *"I think it's their own health and whether they want to. I don't think anything prevents you from working"* [Male Older Worker].

However, it is important to note that the benefits of working and being in work to health was also described by older workers in terms of the importance of maintaining health in order to work for longer, which will be discussed in this section (B) under the subsection on p. 273 (c) work itself and routine (or retirement) seen as important for health (Facilitator and Barrier).

*(b) Work environment negatively impacts on health at work (Barrier)*

The impact of the environment at work was also cited among around half of older workers and supervisors in terms of the negative affect on health and wellbeing. The majority of comments were in relation to poor physical work environment and factors specifically that were typical of the retail industry, such as in respect of long shift hours, standing on feet for long periods of time, lack of breaks, strenuous work including heavy lifting and general pressures of work. Specifically, a female older worker described the work environment as 'cold', which impacted on her health and a supervisor talked about the kiosk area being too small to allow them to put in a chair for older workers to sit down. Overall, it was felt by supervisors that standing up for long periods of time, which can be

draining and physically difficult for older workers, can also be mitigated by part-time hours:

> *"There is sides of it where there is some days where I think 'aww god I wish it was easier' or 'I wish it was this, that and the other, but I am quite happy doing what I do in the time that I do it...or if we don't get the staff and I'm stood in the cold on the till for four hours you know it's not good for me that. You know they should appreciate well I've done two hours just have a break or let somebody else take over and then you do something else in a warm office or something like that. Not saying that it's just got to be me I mean that could apply to anybody and things like that. So, under that circumstances yeah, I'm quite happy as I stand at the moment to carry on"* [Female Older Worker].

> *"One would be health and if it's down to the workplace it's pressure of work, the environment of it really"* [Female Older Worker].

> *"It's quite physical unfortunately and if it's not physical and if you're on the till, the till can also be quite strenuous job till work and if you are doing 4, 5, 6 hour shifts it is hard work. Mentally it's hard works and physically, I know you're only standing up for that length of time and at a certain age it can be quite draining"* [Male Supervisor].

> *"I think probably if she was a full-time colleague, she would struggle with the hours, but she's not, but I think she would struggle with filling the shop it can be quite manual filling, so I think if she was a normal customer assistant she would be expected to fill like everyone else and I think she would struggle with that"* [Male Supervisor].

> *"I think in this industry it's a lot of standing on your feet so I know my feet are ruined at the end of the day and I am 25, but I think because we can't really have chairs behind the tills and stuff like that they are only very small areas behind the tills, the kiosk areas"* [Female Supervisor].

A gendered context was also perceived by a number of supervisors, whereby females were perceived to struggle more with the physical aspect of the work (discussed further in section 5.6 'Workplace Barriers and Facilitators to EWL (D)'):

> *"One of the women I used work with was like we are women we shouldn't have to be doing this we have different insides we could break our insides, men should be doing this and stuff like that. She used say what happens if you want a baby and you can't have it because you moved this cage"* [Female, Supervisor].

The stress caused by unfavourable team dynamics was also described by one older male as a negative factor impacting health because of the number of hours people spend in work:

> *"At the end of the day you spend X number of hours in work especially if you are not dealing with good people or colleagues really drag you down, let you down you just feel sick, stressed- that will eventually damage your health"* [Male Older Worker].

It was perceived that impacts on health at work could be mitigated with shorter shifts. However, as exemplified by one older worker describing the prospect of doing longer than six hours, because being on the till requires standing in one place this can be painful with arthritis, as well as the body deteriorating with age:

> *"My shifts are 6 hours; I do 7-1s and then the evening one quarter past five to quarter past eleven. So that's not bad for me but if XXX was to turn around and say you have to do eight hours I would find that difficult because I've got arthritis in my knee and after standing for six hours I can just cope, but anymore…because you can't cover a lot of ground behind the till it's not as if you can walk about so whereas when you're putting stock out you're walking around and it doesn't matter so much you know, I don't get that much pain but if our shifts were longer I don't think I could cope, so that's another thing you know, your body starts falling to pieces"* [Female Older Worker].

*(c) Work itself and routine (or Retirement) seen as important for health (Facilitator and Barrier)*

Various older workers who were already working past traditional retirement age, or were open to do doing so, saw work itself and routine as important for health and wellbeing. Interestingly, those who had decided they did not want to work past traditional retirement age did not reflect this perception. There was also a perception that work acted as a protective factor for health and wellbeing through extra social contact with customers and colleagues and being active:

> *"Well one it's sort of keeping you handy but two I'd be bored out of my brains at home, I mean I've got family, I've got friends, I've got a dog to walk erm but it's the contact, the human contact as well on days that don't look so nice out of the window I'd probably just stay in, whereas if you know you've got a shift to do you make the effort"* [Female Older Worker].

> *"…if you are still fine and you are still able to do your job; health wise I think it's better for you to do something than you go home and then sit at home and stew. You know"* [Female Older Worker].

> *"I just enjoy it really that's all it is, the atmosphere, the people, the customers, the staff, it's just like if it was boring you'd think like oh I'm just gonna retire I'm getting paid anyway but I think I'd like to work as long as I can if I've got the energy but I'm that kind of person that's always around the house as well* [active]*"* [Female Older Worker].

Interestingly retirement was seen as positive for health by just one participant. She was a female older worker with a long-term health condition, who had worked full-time for the majority of her life, so in relation to retiring and not extending her working life, her health would benefit as a result of not having to worry about getting into work:

> *"I have had a lot of health problems and I am diabetic so that would help a lot more if I didn't have to worry about having to be up early in a morning and working all those hours, because at the end of the day I just feel absolutely shattered, so no that would help, yes"* [Female Older Worker].

*(d) Self-perceptions of being an older worker (Facilitator)*

Another perception in relation to those who viewed extended working life as positive was around the view of not being old enough to think about retirement or physically and mentally not ready for retirement and the feeling that they would be bored without work, which was related to the meaning of the work to them:

> *"Well to me, I don't feel like I'm at retirement age, I don't feel that to give up work now I'd be sat at home doing nothing and I'm not*" [Female Older Worker].

> *"Well the thing is I don't really consider myself as old!* [Laughs] *Some days I feel like I'm in my thirties and other days I feel like I'm in my eighties! It just depends on how the day goes"* [Male Older Worker].

> *"Well as I said, I didn't feel ready to. I wasn't 60 up here* [points to head] *at the time"* [Female Older Worker].

From another perspective, a male older worker talked about his culture being Chinese as a factor for not viewing himself as a retiree because the norm is to carry on working and not consider retiring:

> *"I am Chinese. Chinese is different from other let's just say nationalities, countries …in particular, we always like to 'work, work, work' practically this I have to say*

*our culture. If you asked me the age would you like to consider retirement, I couldn't answer this question"* [Male Older Worker].

## 5.5 Social Barriers and Facilitators to EWL (C)

Various social factors, in respect of the social environment of individuals and their lifestyle, as well as their social context within society, were identified as barriers or facilitators to EWL by a large majority of the participants aged 60 and over as well as their supervisors. Interestingly there were particular social factors raised by female respondents, particularly in respect of a lack of personal choice in EWL, as a result of caring responsibilities. Conversely males stated that EWL was primarily for enjoyment rather than for financial reasons. In addition, several community and social factors (a) in respect of both barriers and facilitators to EWL were consistently cited by both genders. The themes and subthemes are as follows:

(a) Sense of Community and Social Contact:
- (i) Integral sense of community among older workers (Facilitator)
- (ii) Social contact with customers an important part of role (Facilitator)

(b) Personal Choice in EWL the sub themes consisted of:
- (i) Participant intention to EWL or Retire
- (ii) Caring responsibilities as a barrier to EWL

Looking at these in turn:

*(a) Sense of Community and Social Contact*

(i) Integral sense of community among older workers (Facilitator)

A range of older workers talked about the integral sense of community linked to length of service as well as the local context of the stores being based within the community. This notion can be linked to the organisational context of the Co-op, including its values, and history (see section 6.3 (a) above).

The perception of a sense of community was described to have resulted from the experience of seeing customers grow up over the years in relation to years of service, and

as older workers knowing customers over a period of time, including the different generations. In fact, the experience of customers missing the older worker when they are on holiday was also cited by one participant:

> *"I know all the customers and there were customers that used take their toddlers to school when and now they're like grandmothers like me and it's like a community a get together community you see people like you've not seen for a couple of weeks and you think 'I wonder where she's gone' or if I'm on holiday they'll say that 'oh has XXX left" you know so it's the customers they know that certain person she's gone I've not seen her for a couple of weeks or a couple of days. They'll say 'oh I thought you'd left and I say no don't worry I won't be leaving!'* [Laughs]" [Female Older Worker].

> *"You're meeting people and I've known them all them customers have I've seen them grow up from being babies and now they're in their teens and then obviously, I've seen the older ones die…I've been there that long I think I'm the longest one there"* [Female Older Worker].

Another participant also talked about the voluntary work they do in the Sikh temple in their own community, but noted that the place where she gets to see the main local community was the shop where she works:

> *"We do voluntary work at the Sikh temple that's at weekend or if there's a certain function that comes on, that's where we see our own community but actually the main community in your area that's the only way to get to know them or see them"* [Female Older Worker].

This notion of community was also described as integral to job satisfaction, being in contact with local people in the community, wider engagement and geographic proximity of work. Working in the local community was also described, with one participant talking about supporting the local schools through a project called 'going green' as well as at Easter and Christmas, and having links to the school through her friend who is a teacher. She also talked about organising a book sale which she found enjoyable to be involved with:

> *"I enjoy the work, I enjoy the people and living locally as well, you know with all the local people, you know I know what's going on in the area. When we were doing more things in the community, you know I got involved in that you know with the schools, you know when they were doing the 'going green' and all the*

*supporting schools they had packs to send out to schools. One of my friends is a teacher at a primary school so at Christmas we had a competition and they put pictures of them all around the shop and Easter eggs, they all made little Easter eggs and we put those on show and we had a competition for that, I enjoyed doing that and XXX* [supervisor] *knew that so he always said will you do that and I've done book sales here, I organised book sales, so that's good I enjoy that side of it"* [Female Older Worker].

*"I enjoy working for the Co-op. Well I live xxx minutes away* [locally], *so it's nice and handy"* [Male Older Worker].

*"I only live* [very locally] *and I know everybody so no, no I'll still be here until touch wood nothing happens to me"* [Female Older Worker].

*(ii) Social contact with colleagues and customers an important part of role*

In relation to the sense of community perceived by older workers, individual social contact was seen as a key benefit of work and a key facilitator to healthy extended working life by the majority of older workers, both male and female. There was a sense of gaining job satisfaction from social contact with colleagues and customers. This was described as a particular benefit in terms of feeling worthwhile and as a protective factor against loneliness, and boredom for some, because being behind closed doors. It was reported that not having people to talk to could be quite isolating:

*"...when you get like to the end of it all sometimes it's just nice to come out and socialise with people and things. A lot of people say I miss chatting to people and all this that and the other and that kind of thing"* [Female Older Worker].

*"If I worked in an office I might have just decided 65, bang you know when it's behind closed doors like that but when you've been used to chatting all your life and that is all my life you behind the counter and I can't just stop"* [Male Older Worker].

*"...it also comes back to loneliness, if you live on your own. I share a house with someone so there's someone there to go home to and talk to and interact with but when you get people that are on their own, what have they got?...so that's another reason you come and you meet people, you don't know them, they're not friends with you but they're friendly towards you and your friendly towards them and you have a bit of a laugh..."* [Male Older Worker].

When asked further about why the social aspect of work is such a protective factor against isolation and deteriorating health, older workers also described the variety of meeting

people other than family, having a good rapport with the customers, being useful, and getting out as opposed to staying at home 'vegetating' and staying indoors:

> *"Well, it's just variety. It's just meeting people; it's being useful basically. Better than twiddling the old thumbs, watching the old TV and just vegetating, it can be quite easy to do. You, know it's getting out and it's gets you out of just sitting at home"* [Male Older Worker].
>
> *"Well, I like meeting people…they are sort of regular customers that some in so I've got quite a good rapport with most of them and yeah it's interesting that way"* [Female Older Worker].
>
> *"It's company as well you because otherwise it would just be like me and the hubby and you know what I mean 24/7 can you imagine being in the house 24/7 with your partner, 7 days a week?"* [Female Older Worker].

A number supervisors also relayed social contact with colleagues and customers as playing an important role as a facilitator to EWL, as exemplified by one supervisor who described an older worker coming into work as a 'hobby' for a 'change' and 'something to do':

> *"… F she doesn't need to work but she works just for because it's a hobby as such, it's something to get her out of the house and she hasn't got any children it gives her a break from her husband. Her husband is a stay at home husband I know they are financially secure but she comes to work basically just for a change really just for something to do"* [Male Supervisor].

## 5.6 Workplace Barriers and Facilitators to EWL (D)

Workplace barriers and facilitators represented the largest subgroup consisting of six subthemes. The following barriers and facilitators were identified at the workplace level as expressed by participants aged 60 and over and their supervisors:

- (a) Work Ability, Physical Demands and Productivity
  - (i) Perceptions of older workers as less productive than younger colleagues (Barrier)
  - (ii) Perceptions of older workers as more productive (Facilitator)
- (b) Working Together with Support and Respect
  - (i) Support and respect from management (Facilitator and Barrier)
  - (ii) Positive communication within team, team work and consistent team members (Facilitator)
  - (iii) Intergenerational issues (Barrier)
  - (iv) Lack of team consistency, staffing issues and poor communication (Barrier)
- (c) Flexibility and Choice at Work

(i) Tailored flexibility and choice to shift patterns (Facilitator)
(i) Lack of choice to workflow (Barrier)
(iii) Workplace Adjustments (Facilitator)

The above themes will now be considered in turn, firstly in respect of the findings in relation to (a) Work Ability, Physical Demands and Productivity.

*(a) Work Ability, Physical Demands and Productivity*

(i) Perceptions of older workers as less productive than younger colleagues

There was a perception from some older participants that younger workers were quicker and the physical aspect of work was a challenge for older colleagues. For example, a female worker had noticed that although she was in good health, her younger colleagues were faster, especially around lifting:

> *"I am in good health, but I notice the younger ones work quicker than me. I do work to the best of my ability and I am healthy I haven't got any problems, but obviously lifting heavy things I still do it but it takes me a bit longer probably"* [Female Older Worker].

A range of supervisors described the physical challenges presented by older workers in relation to the targets they faced for productivity and the hours they were given by the organisation. However, they also acknowledged older workers' strengths at being more confident, methodical and better at customer service than younger colleagues. In fact, it was also described that one female older worker would take two workers to replace when she leaves because she is so productive:

> *"I will be honest with you the hours you get given by the Co-op to run this store, if I had F or M* [older female workers] *on I probably would be struggling to because I would be running around like a crazy trying to put a delivery out on my own. So, I think you have to be realistic and mean it can be difficult because they are very, I personally I find them more methodical more confident and they have better customer service but it's whether I can fit that into the jigsaw puzzle"* [Male Supervisor].

> *"...you have to be able to be flexible with them and understand she is probably one of the best workers and I am losing her. We are looking at two people to replace one person"* [Male Supervisor].

Physical challenges for older workers were also seen as mitigated against by concentrating on the customer service aspect of the role, rather than the physical delivery aspect by a range of participants:

> *"It's a very physical role but like I say most of the elderly people that I have worked do tend to man the till, which you ok you are packing customers bags, but it's not strenuous as such, I think if you had hurt your arm then you might find it strenuous but other than it's not really strenuous. Nobody is forced to rush that customer through so in terms of that no, but they would probably be on the checkout because we have to put stock out and stuff like that and we don't want to put them at risk, so we would do risk assessments as well. If they felt comfortable lifting stuff and they feel confident we would go with that"* [Female Supervisor].

The physical aspect was seen to be a challenge, particularly for female older workers, by a number of supervisors as well as by older female workers themselves in respect of lifting and the delivery aspect of shifts, whereby it was felt that customer service would suit older females better:

> *"For a customer team member, the customer service side I think the older ones would be fine it's just the lifting side and the pulling them cages full of stock and you know that might be for over 55s it might be ok for men but for women…I've never really had any strength in my arms even when I were younger"* [Female Older Worker].

> *"It more in the way that it's all time constraints and like we are a work force majority it's all women and the women do tend to struggle because it's older ladies that it leaves with the delivery shifts"* [Female Supervisor].

In respect of wider physical concerns, various participants raised trip hazards as part of the physical challenges facing older workers, which should be addressed when managing an ageing workforce in terms of creating a safe environment by ensuring spillages are dealt with promptly:

> *"…it's got to be a safe environment which it is because they don't leave around for people to fall over, if there are any spills it done right away"* [Female Older Worker].

> *"…you worry about him tripping over something but at the end of the day anybody can trip over anything, there shouldn't be something there that can be tripped over"* [Female Supervisor].

There were also a number of comments in relation to the physical aspect of work and the support received in respect of this. These were in relation to the organisation adopting a flexible approach to workload and dealing with the requirement for necessary adjustments. For example, in respect of going up and down the stairs, dealing with deliveries, and lifting, there was felt to be a requirement for management to adapt these physical challenges by supporting older workers in their role. Further, there was a perceived need to improve the support received from younger colleagues in mitigating these challenges:

> *"…luckily, I'm able to do everything, but if it got to a point where say I couldn't lift or I couldn't keep running up and down the stairs like I do because them stairs here, I go up and down them all day then I'm sure they'd find me something else. Like with XXX she just goes on the till all day because she can't lift and she can't go up the stairs so I think they'd support me like that if they ever came a time but up to now I can just do what everyone else does so I've no need for it to be any different really"* [Female Older Worker].

> *"Have stores on one level so we don't have to keep going up and down stairs that would be a good one, it would be good if it was all on one level"* [Female Older Worker].

> *"I think there is a lot of work to be done which quite rightly there is no difference between someone at 60 expectation or a person of 30 we are all supposed to work the same but sometimes it does get a wee bit you need some help, I think especially when there are deliveries coming up there should be some a couple of young people to help"* [Female Supervisor].

Flexibility in relation to older workers' roles to mitigate these physical challenges will be discussed further in subsection on p. 304 (c) 'Flexibility and Choice at Work'.

Finally, a number of supervisors reflected the view that older workers were easier to manage because they were more hardworking than their younger colleagues, which will be discussed in subsection (b) 'Working Together with Support and Respect' on p. 289 around team work and intergenerational issues:

> *"I think as supervising goes you don't really supervise over a certain age you know you sort of check in with them but as know I guess everyone's management style is*

*different and everyone's sort of supervising styles are different and some people might be checking back constantly and that's just them but think with me when I worked with the women in the bakery in town they were like 55 and over one was like 59 so she was close to the age that you are looking at researching and I know that I could just leave her in there from 5am till 1pm and I knew that it would be done and I wouldn't have to go and check back on her. Whereas other people that I might have worked with that I might be like right can you do x, y and z then I would probably would check back in with them more than I would do with the other people so"* [Female Supervisor].

(ii) Perceptions of older workers as more productive

In contrast to the perception that older workers are less productive, a variety of female older workers and supervisors talked about the notion of older workers being more productive than their younger counterparts. The perception was that older workers take less time off and are more productive in their work ethic than younger workers. Further there was a feeling that older workers were more proactive because they do more than just what needs doing, and that older workers are more meticulous and hardworking:

*"Some of these oldens they can work better than the youngens and they don't have as much time off either"* [Female Older Worker].

*"...we're the ones who come in we buckle down we, we work because that's how we've been brought up to"* [Female Older Worker].

*"So, that's probably an ageist thing* [laughs] *I'd sooner be busy than standing about so I always manage, my shifts I'm always busy, I go home thinking, oh I've done a good job today. You know I never go home and think* [sigh] *ahh I had to kill two hours you know that doesn't happen, I look for something to do"* [Female Older Worker].

*"...it takes a lot of strain off me but also she is quite meticulous the ways she does it, so it adds loads of value because we don't lose any money from that side of our business, when historical most shops loss money from that area"* [Male Supervisor].

*(b)* Working Together with Support and Respect

A number of older workers (over half of the sample) and a number of supervisors perceived that a lack of support and respect from supervisors, team members, colleagues, and the organisation as a whole was a key barrier to EWL. This was related specifically to age diversity and a lack of respect from the younger generation. The vast majority of

participants also felt that this support and respect, if positive, could act as a facilitator to EWL. Responses were clustered into the respective sub themes:

(i) Positive support and respect from management (Facilitator and Barrier)
(ii) Positive communication within team, team work and consistent team members (Facilitator)
(iii) Lack of team consistency, staffing issues and poor communication (Barrier)
(iv) Intergenerational issues (lack of respect from younger generation) (Barrier)

These sub themes will now be discussed, supported by illustrative quotes from older workers and supervisors.

(i) Support and respect from management (Facilitator and Barrier)

The majority of older workers and a range of supervisors perceived respect and a positive attitude to older workers from their supervisor as a key facilitator to EWL or reason for feeling supported as an older worker. A number of older workers also stated that they were satisfied with the support received from their supervisors. This was particularly centred around the feeling that older workers were not treated any differently from other workers or as a special case, but instead were accommodated for in respect of shifts, if needed. Supervisors agreed and felt that, although they were concerned for their frailty in respect of physical challenges, it was important to treat them as an equal member of the team because weaknesses can also occur in younger colleagues:

> *"Well every single manager I've had here has been smashing with me. Everyone's been good. I mean they are not bending over backwards because of your age and making allowances and that but just like respect and the way they've treated me when I've wanted time off, I've wanted to swap my shifts. The answer has never been no, we'll see what we can do* [supervisor says]. *Yeah, and that's what surprised me about the Co-op, the manager we've had here has been superb"* [Male Older Worker].

> *"But you know everything's fine and I haven't been treated as a special case, well I am twice or three times the age of some of the other members of staff but it just doesn't come into question, it's not kind of mentioned"* [Male Older Worker].

> *"I think it's just the same as everybody else, you treat them with respect and if they have any issues, well maybe their legs getting a bit sore or whatever, it can happen to any of your colleagues so you treat them all in the same way, obviously, you*

*would be concerned more for the elderly cause…*[they] *are more frail"* [Female Supervisor].

*"Just that basically you just the same as anybody else. Just because you are over a certain age doesn't mean you are going to be treated any differently I mean all right granted A has a dicky ticker* [pointing to chest/heart area], *he's had a heart attack in the past so he's not allowed to go in the freezer, but other than that you just get on with it"* [Female Supervisor].

Over half of the female older workers perceived that respect and a positive attitude from line managers was an important factor in order to feel supported as an older worker thereby facilitating EWL, but less than half talked about the experience of this in practice. Of those, a number of participants talked about the open and approachable attitude of their manager:

*"It's just a case of talking to XXX and sort of saying he's very open, he's a good manager, he knows his staff and I've no hesitation of sort of saying I want to talk to you and sitting down in the office and saying this, that and the other, it you know he's always been very open, with me anyway so it's worked"* [Female Older Worker].

*"…it's not like a workplace where you're like oh he's my boss and I can't say anything to him you know, it's just like a friendly environment"* [Female Older Worker].

This was also linked to the organisational 'family' values when asked about the organisation's values overall, although older workers voiced that the experience had changed over time:

*"They do tend to look after you if you like. Sort of a family. Not as much as it used to be but yeah no, they're ok"* [Female Older Worker].

While other older workers talked about the approach of the supervisor in praising workers, they also alluded to the perception that this was rare and how the support could be improved for older workers. This was in respect of being flexible with their hours and applying less pressure as they EWL, and being mindful of poor environment or pressures from management and colleagues, although it was also acknowledged that environmental strain can also show at other ages:

*"To be told, like today XXX said (which is very rare for XXX) the shop's great, the aisles look brilliant and so on… that was me on my own last night. You know, so I said oh thank you very much and that means a lot to me and it means my work was done, you know"* [Female Older Worker and Team Leader].

*"Again, it's just going back to more help. You know, helping with the hours and just being a bit easier on you because of your age and because of, or if you're finding it hard to do a particular job that you normally do find you something else to or just giving the support. They need to be just giving more support without pressuring you into anything…The pressure of work in what they expect of you and colleagues if there's no support or no support from your manager. You know, if it's a really bad environment then it wouldn't encourage you to work you know. You'd want to say right that's it I've had enough now I'm going knowing you could do at that age and you don't have to find another job in a way. You could be forty you could be like this but I'm going to have to find another job but so support really"* [Female Older Worker].

Support received in respect of reducing hours at state pensionable age was described by one female worker, who talked about her supervisors' empathy for her in being able to do so (this will be discussed further in 5.6 Financial Barriers and Facilitators to EWL(E)):

*"…so, I've actually been to see XXX this week about coming down from five shifts to three, he's agreed it and he's very pleased for me"* [Female Older Worker].

In contrast, a lack of breaks was raised by a number of older participants in respect of the support received by their supervisor. Working in a fast-paced environment was also described by a number of older workers as a struggle in respect of a lack of breaks, which will be discussed further in subsection on p. 304 (c) 'Flexibility and Choice at Work'. For example:

*"You have to work very hard and you don't get a minute you know what I mean, you get your break but before the break and after your working none stop, so I think an older person you have got to be, you have to know what your letting yourself in for kind of thing"* [Female Older Worker].

Female older participants described the lack of perceived support or respect from management as a barrier to extended working life, including a preference for younger workers, which will be discussed further in sub section (iii) of this section on p. 298:

*"Well I've known people work into their 70s in this store. So yeah it hasn't been an issue I don't think. Although they do tend to like younger persons now"* [Female Older Worker].

Changes in manager were also cited by a number of workers in respect of support, whereby different managers bring associated highs and lows over the year. Therefore, inconsistencies in how support is given to older workers between different managers were highlighted and therefore, a potential need for training to reduce this:

*"Well I've worked here six years and there's been ups and downs and I've had different managers"* [Female Older Worker].

*"…they treat you ok really but you don't know what the next manager's gonna be like"* [Female Older Worker].

The majority of supervisors reflected that support and respect from supervisors was a key element to supporting older workers. This was in respect of: managing personalities and capability rather than age; being mindful of the balance of younger and older team members and the benefits of a diverse workforce in respect of older workers' knowledge and experience; and having an 'emotional adjustment' to working with older workers, while not discriminating against age or treating older workers as any less or different from other colleagues:

*"I think again not with everybody as we are all different but it does have that bigger impact and again, leading to leave, or sick or anything like that, generally so, as long as you don't take the stance you are the same as everybody do the same work, you have got to have an emotional adjustment to them I think"* [Male Supervisor].

*"The way I manage is to me I manage personalities so to me age is quite irrelevant, probably I might suppose it might come across wrong but I respect them a little bit more than someone at seventeen, just because of their age and experiences but if there personality allows you to sort of have fun and joke then that's how I manage them in a sense but if they are quite forthright in what they think and what they do and all they want to is come in do x, y and go home you can develop your relationship around that. To me age is not, it's the personality I manage and not the age. So, from that I manage them individually, but as a team they work together in a sense, so age has no bearing at all"* [Male Supervisor].

*"I just personally think it's better to have a balance team end of cause if you have all youngsters it would just be like messing about I just think it gives a bit more harmony and balance to the store"* [Female Supervisor].

*"We don't see age, we never have done it doesn't matter anyone can apply for a job here and everyone has got something that they can offer and bring to the business with the likes of our elderly staff with like I say the knowledge you know just life experiences"* [Female Supervisor].

Nearly half of all supervisors reflected that the support and respect received from supervisors could be a key barrier to EWL, if age was seen as a restriction. This was reported to be around supervisors' attitude and whether or not the supervisor supported older workers' needs at store level e.g. in respect of disability and this was perceived to be crucial to EWL:

*"I think that would be more down to the manager if an older person or even if a younger person, if they have an issue or a disability we adapt to that and we work round that we put things in place so that person can work. So, if there is an issue around the age or anything we would at store level adapt it to that role so that they can do the role"* [Male Supervisor].

*"I think if you have an awkward manager then they just want we your old that's it lets get rid of you and get someone healthier there is always that. I have met people like that but you know that's not me and that's not everybody, but yeh no other than that I don't think there is anything else that can prevent anybody from working I thinks it's all about the managers' attitude really"* [Female Supervisor].

The vast majority of supervisors described the added value that older team members bring in terms of, as described in on p. 286 in section (D)(a) 'Work Ability, Physical Demands and Productivity', being hardworking, meticulous, easy to manage and require less training, in addition, as reliable and not calling in sick compared to younger workers, and finally experienced; whereby valuing older workers was key to being a supportive manager:

*"…one woman who I used work with who is over 60 and she was great because you could just leave her to it and you didn't have to supervise her because she knew what she was doing"* [Female Supervisor].

*"Well they know what they are doing, less training required. I know every business is different and everybody works differently but you know they have a little bit of knowledge there so you may as well use it"* [Female Supervisor]

*"I think to let them know they are valued do you know what I mean they have got a lot to offer they have a hell of a lot more loyalty do you know what I mean"* [Female Supervisor].

A number of supervisors also acknowledged a perception that older workers might be less productive or able to complete tasks e.g. deliveries as effectively as younger workers, which is discussed in on p.286 section 5.6 'Workplace Barriers and Facilitators to EWL (D)'under subsection (a) Work Ability, Physical Demands and Productivity. This view was exemplified by one supervisor:

*"I have somebody else a young lad who has just turned 19 and if I have to say the delivery... it would always be the younger person because he can throw it out and he can get it done quickly and I guess that's my age prejudice and I think as a manager I am always sort of thinking of how to get the task done the quickest and most efficient"* [Female Supervisor].

However, when asked if the organisation created an environment that promoted EWL, in practice the majority of supervisors described high work pressure, being target driven and task focussed environments as key barriers to successfully managing older workers, potentially leading to sickness absence. This seemed to highlight a tension between the fast-paced demands of the retail industry and having older workers who are potentially impacted more by the pressure of work:

*"I think that it's the environment that would stop them for me so that environment of just, it is fast pace is retail and they would have been in retail a long time, so understand fast past in retail but it's getting faster and I think there is not rest bite for them so because they are treated as equals exactly the same as everyone else, there is not rest bite whether you are 18 or 80 so I think that would prevent working longer"* [Male Supervisor].

*"…if you had an ideal world you would have a supervisor that would lead from the front and drive the team, and the team would follow but again I have experienced older people in the past where the workload and the pressures have a big impact"* [Male Supervisor].

*"It's a tough question. I would say no because as I touched on before it depends on the expectation levels of what we need to deliver and basically you know the*

*elements that you have been given the tools to deliver that whether it's an elderly work member or not that I think realism isn't there about what you can achieve"* [Male Supervisor].

Finally, a range of supervisors talked about the importance of giving older workers a voice, especially in relation to keeping connected to their needs, such as health concerns and so they don't feel 'left behind' particularly in a changing environment:

*"So, I think being supportive and listening to them is important and if they have any problems or if they aren't feeling well one day, just letting them know that you are to come and talk to you and be very supportive of them and accommodating if they do need to change because of circumstances"* [Male Supervisor].

*"It's very, very important that we have an avenue and keep them involved so they feel like they have a voice and because here is a lot of, it's changing so quick at the moment the Co-op. It's very easy for them I think to feel left behind and there is a lot of new faces coming through as well"* [Male Supervisor].

(ii) Positive communication within team, team work and consistent team members (Facilitator)

The majority of older workers and supervisors felt that positive communication with their colleagues, in respect of team work and team consistency was a key facilitator to EWL. For example, older workers felt that balancing the work between the team in respect of the different roles e.g. customer service in split shifts to promote healthy EWL, a friendly and relaxed atmosphere, and continuity within the team were important. Supervisors agreed and felt that having local small shops and a small team were also key facilitators to good team work and a healthy extended working life:

*"Well team work, not that they put everything on to one person it's kind of they split it up, such as me I spend time on the till but between us I will do a few hours and then swap with someone else and they will do a few hours, so that's healthy otherwise your mind goes when you're on it 8 hours or whatever. So, that way it's good"* [Female Older Worker].

*"Well it's the people you work with because there's a lot of continuity you know, there's people been here that are older than me. There's one or two that come and go, you have a couple of fringe 16 hour contracts and people who are at university who just want a job for three or four months and then they'll go and they'll drift off. But in the main, very, very good"* [Male Older Worker].

> *"I guess it's because we are such a small team yes we can have great team work, cause a small team if you get the basis right and the foundations right you have great team work from that we can build our team and from that they can develop quite quickly sort of the structure that we have within the Co-op which is good for them, that's what they want"* [Male Supervisor].

> *"Just if we all work together as a team and 'cause we are a small shop we all do work together very well as a team. Whereas if you go in the bigger stores there is not that tight, so yes everybody sort of yes they moan but everybody moans but yes they all sort of get you know about her shift patterns and they understand they do"* [Male Supervisor].

One supervisor reflected that younger team members do not see older workers as any different from other members of the team:

> *"They don't tend to treat her any differently and we don't tend to get any feedback about how are treating her in a special way or anything"* [Male Supervisor].

In relation to mitigating the physical challenges, teamwork was also described by older workers. This was perceived in terms of the expectation for older colleagues to carry out tasks at the same pace as other colleagues, but also the support from the team in helping when tasks, such as heavy lifting, are challenging. This was seen as important for a positive and healthy work environment:

> *"There is an expectation, a natural expectation for you to be the same sort of rate of work rate as your other colleagues, your younger colleagues. Having performed a certain task, they have realised that certain task is not going to be within your capabilities, in my own case I am still strong I can lift and lifting things around here are not a problem. There are situations where you can be asked to move something out of the way, a quarter tonne of roll cage and you can look at something and you can say 'yeah, I'll do that, are you gonna help?"* [Male Older Worker].

> *"I have noticed when I am doing something with anything heavy someone will usually say I will do that for you "Y" even though I haven't asked for any help, which is nice, so yes they do help in that respect"* [Female Older Worker].

Finally, an older female worker referred to teamwork being important in responding to each other's needs, for example in respect of time off:

> *"We work as a team so it's like if I needed a couple of days off I tell them beforehand and they try to organise it's not like oh no you can't, like you get some*

*people like that don't you that say no you can't have that but they really try to organise where they see if they can get me them days or if I have to come and help them I try and organise myself to see if I can help them so it's really a team work here. We don't have no problems with any of us"* [Female Older Worker].

(iii) Intergenerational issues (Barrier)

Around half of all female older workers perceived a lack of respect from their younger work colleagues. Supervisors also echoed this sentiment with the majority citing intergenerational (from younger colleagues across the generations through to older colleagues) issues relating to their perceptions of older workers. A number of contributory factors seemed to account for this. These include: different work ethics, with older workers feeling that young people did not do as good a job as older workers or showed a lack of dedication to doing the job well; respect levels across the generations whereby young people didn't respect their elders like the older generations did; uneven contributions among the team; being seen as a 'mum' or 'grandmother' figure rather than a colleague; and finally, a lack of awareness about the difficulties that older workers might face. Further comments reflected the need for training on the viewpoints of older workers in respect of young people not doing the work or not respecting older workers:

*"...a lot of them are young we don't really get the support and help off a lot of them because they are students and they are young and you just stand there and you think if I am there carrying something they won't help and come to help or do you want any help with that or anything. And I think I won't ask you because they'll be like 'errr God' you know as if it's a big task for them so probably if they was briefed out, not saying it's or it's made part of the job, but in general to make them realise that there is older people that work there, you know it's not just them! You know, it's everybody, everybody's a team we know that we all share the work together but some people are older than others and some people can do things that others can't"* [Female Older Worker].

*"Trying to get through to a lot of younger people these days it's hard. I'm probably too old school where you did you know you helped people out and you did things for them then. A lot of them now don't. They're not really accommodating if I can say. I can't really think off the top of my head what you could do or say to them to make them do it. It's not something that you know, it's hard because some of thing that I'm mum to them, others think I'm like an older grandmother to some of them. You know but they just don't you know I can't really understand or say what you*

*can say to say 'look we've got older people here' without saying to them aww yeah right and whether it would happen? I'm not sure. I'm not sure, everybody's different"* [Female Older Worker].

*"…for example, with XX she's 65 and she does the magazines usually, with her* [the younger worker] *the magazines were put out literally as if she's gone* [strewn across] *nothing is in order…they've just been thrown on, no dedication, no nothing, now no and that's what I'm getting at"* [Older Worker and Team Leader].

*"…you are relying on the rest of the team to be the same as your standards* [laughs] *I'm of the old school you know if a job's worth doing, do it well and if it's not busy in the shop look for something to do, well not everybody does that and it's very frustrating! So, that's probably an ageist thing* [laughs] *I'd sooner be busy than standing about"* [Female Older Worker].

*"I think from an older generation it comes through being brought up, if I look how my daughter is and how I was with my parents there is a huge difference and if you go back another generation there is probably another huge difference and they have a lot more respect, through my experiences and it portrays when they are dealing with people"* [Male Supervisor].

There was also a perception that there were more younger workers, compared to older workers within the team now, which had changed over time. This notion was perceived to be linked to the idea that this may suit the organisation better in respect of younger people being more flexible to their needs. Further, it was noted that giving smaller contracts to a range of workers means the organisation has a pool of people who are required to be responsive to the needs to the business, being 'on the end of the phone', which was seen to be the way society was going:

*"In the past we were a group of older people with a few young bods in and it's flipped on its head and it's coming the other way round, as I say for obvious reasons I think, but it's there are still older people that come in but they still want them to be really really flexible and able to do stuff. I think the flexibility thing is a really big deal when someone is coming for a job these days, you know they have to be able ring you up and say can you come and you can say more or less yes. They are giving small contracts to lots of different people helps them to get people in and they on the end of a phone if they aren't doing anything as I say nothing against that it's just the way everywhere is going really"* [Female Older Worker].

Interestingly, a number of older females cited a perceived preference to employ younger workers, in respect of a lack of recruitment of older workers. This preference for

younger workers was also perceived to be dependent on the manager, whereby some are happy with older workers whereas others are not. There was also a feeling that the acceptance of older workers had deteriorated recently, leading to a feeling of being ‘pushed out’:

> *“…well even when there’s a vacancy I can’t see that they’ve employed anyone my age whether there probably hasn’t been anybody come for an interview for my age group”* [Female Older Worker].

> *“I wouldn’t say they created it really. I think some of the managers try to get the oldens out has been my past experience here, they’ve said ‘I’m glad they’re out’ before and they have gone. There were loads of oldens when I come here one were seventy something another was seventy-eight, another were seventy two and there were two sixty odd years olds, that were when I come and they all went. So, it depends what manager’s in. Some don’t mind em as long as they can do their job but I wouldn’t say they supported them coming. I think they prefer the younger ones myself….they don’t seem to be taking on the older ones the same and we’ve had about five staff on recently and they’re like 18, 19, 20, 21 I think the eldest one were about 22, you just feel like you’re getting pushed out a bit because they.* [Laughs]*”* [Female Older Worker].

A range of supervisors (just under half) also reflected a number of negative perceptions about older workers, although over half emphasised perceptions around the added value of older workers (as discussed previously on p. 290 in subsection *(a)* (i) support and respect from management). Negative perceptions included that: older workers are less productive/slower/less computer literate; older workers 'play on age'; older workers can be stubborn; older workers seen as less adaptable to change; supervisors’ performance manage out older workers due to negative perceptions; and finally, younger managers prefer for younger workers:

> *“She doesn’t like to do things differently because policies have changed and ways of doing things have changed, she finds that quite difficult. After 25 years of doing it one way and you are asked to do it another way, that can be a bit difficult sometimes but she has adapted quite quickly, whereas with the youngsters you are constantly telling them it’s almost like things don’t stick, you have to keep saying the same things over and over again”* [Male Supervisor].

> *“I think I will be honest with you I think they can be times when team leaders for example if they on are on a late shift one of the older workers was on probably I*

> *have had in the past the experience of oh god I aren't going to get anything done tonight…"* [Female Supervisor].

> *"…it was a lot of managing him, performance managing him. He was quite stubborn but we had to do quite a bit of his work for him which took the hours out of us… sometimes they are the way what they believe in and the way they come across with certain beliefs you know we are more open to things these days as they might be a bit more closed back… some people may see then as a burden that basically it really, you're a burden it's time to go and just sort of try and manage them out that way"* [Female Supervisor].

> *"I know there are a lot of shops that these young managers don't like older people, I have heard about that"* [Female Supervisor].

Supervisors also relayed how colleagues' views of older workers can be negative and unsympathetic towards older workers:

> *"Some people are alright because they understand but other people aren't as sympathetic to her needs which isn't really right because everybody is going to be that age at one point… now everybody has that mind set you know some people tend to try and performance manage them out which I don't agree with, as in they are older and past it"* [Female Supervisor].

One supervisor also reflected on the idea that educating managers in terms of the benefits to older workers might be crucial to facilitating EWL in light of the tensions that are presented by working in a fast-paced environment (as discussed previously on p.263 in 5.2 '*Organisational Context: Values and Policy (A)*'):

> *"I think it's a lot of store managers need to be maybe talked round but you know maybe shown the importance of may be having a diverse workforce, because if it was up to me and I had someone who was 60 someone who was 40 and someone who was 30 had come to an interview and they all had the same availability and this that and the other I would probably go for the younger person just cause I think they will be able to get the work done quicker and I think maybe I am just the only cruel person saying this but I would say that with the way that the company is at the moment the amount of hours that we get it's all about pace and things like that"* [Female Supervisor].

When asked further about the intergenerational dynamics that were being raised, especially in the context of perceptions of a fast-paced competitive environment, the idea of younger workers having more opportunity to progress was cited by a supervisor and an

older worker as a possible reason for how older workers feel treated by the organisation, which was perceived to be encouraged by the organisation:

> *"I think it's because there's more opportunity to progress within the company and they do encourage if they've got the where with all"* [Female Older Worker].

> *"I think the* [lack of] *opportunity will prevent them from working longer"* [Male Supervisor].

However, a preference for younger workers was not considered to be the reality for all. A range of supervisors also reflected negative perceptions of about younger workers in respect of them having different motivational drives e.g. financial, for working for the Co-op and therefore less dedication to the role, that they are less reliable e.g. in getting up early in the morning, less hardworking and methodical, and more careless with tasks, such as in the bakery burning produce, compared to older workers. Therefore, there was a perception that older workers ultimately should be shown some recognition for this (also discussed on p. 273 in section (A) under subsection (d)):

> *"I think the students are really concentrating on getting their wages, turning up signing on the till so long as they have their wages at the end of the month they don't care, they are only here six months, so they don't care if the stocks not being rotated right or picky things but they don't it as important, but they don't see it as important cause it's not their main income"* [Female Supervisor].

> *"I have a lady here and she is absolutely fantastic… not sure how old she is, I think she is about 58 – 59 but she is an absolute grafter and she would put most young lads to shame"* [Male Supervisor].

> *"I am guessing that we are all different and we all look for different things, but you know you have got to realise the older people give you something that younger people can't and that vast experience and they are reliable as well. Kids they just go out and not get up in a morning sort of thing all my sort of staff I can rely on them at 6am they are always here with me, they are never late, never ring in sick always giving that great customer service and it would just be interesting to see how as a company we recognise that going forward"* [Male Supervisor].

> *"So reliable and know that they* [older workers] *are not going to leave papers on top of the oven to catch fire and that they are going to date rotate properly and know that they not going to put poor quality of stock on the shelves i.e., burning it or what not. I think maybe like when I have seen younger people in the bakery they are a bit more slap dash. Whereas I think that the people that I am referring to*

*kind of give more they care more about it"* [Female Older Worker and Team Leader].

(iv) Lack of team consistency, staffing issues and poor communication (Barrier)

Various older workers talked about the levels of staffing being reduced and this having a negative impact on morale. This was described in terms of how this had changed for the worst in recent times, which had a negative impact on peoples' mood, wellbeing and morale. This was perceived to be because of the extra work that needed to be done and expectations of productivity levels from the organisation in light of the challenges and practicalities of getting the extra tasks done:

> *"So, as it goes on now because of the levelling of staff the experience is not as good as it used to be. It's not as happy and everyone's a bit down because they expect a lot of work to be done in the day that, you can't do it if you are manned on a till. All your working shift, you're kind of expected to do everything else and you know at the moment. So, it's not as good as it used to be my experience here is err it could be a lot better but you know it's not as good as it used to be"* [Female Older Worker].

Staffing issues were also seen to be a health and safety concern by one participant, whereby being on their own in the store might lead to security concerns due to some dangerous situations occurring with people coming in:

> *"…again, because they've cut the staff and it is a one on one basis, on a XXX we don't have security guard so this XXX just gone I was on the till area on my own, nobody else on the shop floor and it's not the best place to be when people are coming in* [burglars]. *You know it has been know that they do come in and know there is no security guard in on a Monday and just go and do, and there's nothing I can do about it. For the safety aspect, I shouldn't be on that shop floor on my own anyway"* [Female Older Worker].

Finally, as well as health and safety concerns in relation to poor staffing, bad communication was described as impacting on morale as a result of poor staffing by one participant:

> *"…a lot of it is communication is bad it is in our shop anyway"* [Female Older Worker].

*(c)* *Flexibility and Choice at Work*

The majority of participants raised the issue that choice in respect of shifts and workflow was important to them as an older worker. The majority of older workers preferred morning shifts and felt this was facilitative to their working life. Further, most participants felt that a choice in shift pattern was important for older workers in respect of creating a positive and healthy environment. A number of female older workers experienced a lack of flexibility and choice in work in respect of:

(i) Tailored flexibility and choice/lack of choice to shift patterns (Facilitator and Barrier)
(ii) Lack of choice to workflow (Barrier)
(iv) Workplace Adjustments (Facilitator)

These subthemes will now be explored drawing on the interview data from supervisors and older workers.

(i) Tailored flexibility and choice/lack of choice to shift patterns (Facilitator and Barrier)

Flexibility in respect of choice to shift patterns and hours dictated by the employee rather than the organisation was described by almost all older workers and supervisors as a key facilitator to healthy extended working life. This was in respect of a reduction of hours or having a choice of the time of day to work:

> *"I think you should be offered, but it's purely up to you, depending on how you feel you know if you want to carry on working full-time at 60 that's fine but you should be offered the opportunity to cut your hours and job share or ease you into retirement if you want it you, know what I mean, and so they might put you on afternoons if you don't like mornings or cut your hours where you work your working week in three days or four days rather than five or six so just health wise with the flexibility and the reduced hours really"* [Female Older Worker].

> *"Well if it did come to the crunch and say I had to work that little bit longer I would I would help out but I would have to cut my hours own 'cause I am on 39 hours which is full-time"* [Female Older Worker].

> *"...basically, if you work 8 hours you get half hours' breaks, so she would rather work 6 hours and just get 20 minutes rather than have to stay you so she wanted it*

*to be cut, but it enabled her as well not to be so tired when she looks after the grandchildren on a Friday"* [Female Supervisor].

*"I think the flexibility…as long as we are aware of stuff we can give that environment out we can do, it's not an age thing we accommodate as and we can, so people that are wanting to work past retirement age like a say we have flexibility of working hours if whatever reason they are just wanting just mornings they can have that or just weekend thing with their grandkids they looked after and picked up from school we can work all round that it's a decent environment for them"* [Male Supervisor].

Similarly, a number of older workers and supervisors described their views and experience in respect of what the organisation already does, or can do better, to support an ageing workforce. This was in terms of being flexible with shifts from the perspective of the older worker, accommodating their individual needs and caring responsibilities, other work, religious needs or volunteering:

*"Just be supportive and realise that sometimes you can't be as flexible as you could be or you know, just be aware of that. Cause like in my situation I couldn't be and now I still can't be my hours are filled with my grandkids but they don't take that into consideration, that's something that if you come for a job I mind my grandkids on a couple of days a week. As far as I know they don't take that into consideration they would consider you as inflexible…"* [Female Older Worker].

*"When I started here I was working 6 days a week and my wife said it would be nice if we went to church on a Sunday, instead of going Saturday night so I asked for Sunday off and there was an 'oh I don't know about that' and I said but 'we would like to go to church on a Sunday' so they said 'oh well is it religious?' they said 'definitely' so I got Sunday off. That is true for the Co-op I know it but whether it is for others I don't know"* [Male Older Worker].

*"So C she works all the earlies cause then she goes and picks her grandson up from school and things like that, but that's part of her working pattern but if someone new came in we might not be able to accommodate everything they need so that could have an influence on that, if it's a later shift I mean I don't really like working till 11 o'clock at night myself so, I mean but that could again deter older people from 11 o'clock leaving here you know it's, could put someone off as well"* [Male Supervisor].

*"There could be barriers that some companies might see as a problem but we don't, she likes to have a certain day off cause that's when goes and does her religion and she likes to cook for her organisation and we always make sure she has that day off. We are really accommodating as a company for people like that. So, I think that helps as well"* [Female Supervisor].

The need for an ongoing conversation between workers and supervisors was also raised by older workers who talked about the responsibility for ensuring that hours are suitable, which not only comes from managers in respect of checking with the employee whether the hours are within reason, but also from the employee to assess their own abilities. A number of supervisors also agreed that giving older workers a voice and having an ongoing conversation was important in respect of being flexible with hours:

> *"it works both ways…say the manager or people from HR can ask are you alright. Are you happy with your hours? You want to reduce some hours? You feel comfortable to reduce your hours so that you can enjoy a bit of life more but this is up to the individual… Especially age, particular age, I can't say what age, it boils down to the individual really. I'm alright still going very strong, never late always bang on time and long hours no problem because I know myself better that any other body"* [Male Older Worker].

> *"I do think they need to talk to older people to find out as I said about whether they want to cut their hours and what they can do to help on the impact, cause sometimes you go home and you're really worn out"* [Female Supervisor].

As discussed, the majority of older workers described themselves as having a preference for having morning shifts (compared to younger workers) and talked about having a choice over shifts as a key facilitator to healthy extended working life:

> *"You see I am a morning person I'm not a night person…."* [Female Older Worker].

> *"…it's the 6o'clock they always want after because there's not a lot of people want it* [younger people]*, they don't want to start at 6 but it doesn't bother me"* [Female Older Worker].

However, women particularly talked about a lack of choice in relation to their shift patterns. This was described as being due to a change in the computerised system that now selected shifts automatically. The new patterns of work were reported as being less regular compared to previously. Specifically, there was a perception from a number of older female workers that the removal of choice contractually from their shift patterns was a key barrier to a healthy extended working life. This was felt to have caused upset and stress but

some were left with little or no choice, even 'being forced into a corner' due to the feeling of being unable to find work elsewhere and the negative impact this had on their work life balance:

> *"..the system changed and the computer told you what shifts you were working so I had to start working nights again, now I didn't like that because I've been used to doing mornings for years I've done mornings, early shift anyway so I said I don't mind now and again perhaps if you do it regular it's alright but they don't the shifts change all the, like you're on mornings then they'll put you on afternoons work a three till eight now sometimes that, even everybody it messes you up bit you know? Because although you've got a three week rota and you know what you're doing, one week you're working mornings you're up at half five and the next week you're..*[laughs]. *That's the only thing I don't like at the moment about it is this shift thing, they can just tell you when you're working. Where before you worked a regular shift every week"* [Female Older Worker].

> *"I used to be able to work the morning shift and in the week and now I have to Saturdays. I mean come on I don't want to do Saturdays and evenings at my age"* [Female Older Worker].

> *"…this flexibility thing was a bit of a bump at first because a lot of older people left because they were told they had to do an evening or a weekend and if you don't do it you lose your hours. Well, a lady here she said I'm not doing an evening at this time of life so she dropped the hours, she could afford to, now I couldn't afford to so I have to do an evening now. Well, my family kicked off, but what option did I have? I've got to have the money and at my age who's going to employ me now? I mean I'm 63, you know the chances of getting another job are pretty remote, so really, I was forced it to a corner, you can't afford not to do those six hours XXX, you've got to do them so you've got to do an evening so luckily, I only live around the corner so I've not got to wait for buses and things and in the dark nights my son comes for me* [laughs]. *But that caused a lot of trouble, and I think there's still rumblings of it now…in years gone by it always the case that you got a job to suit your life, but now I think the Co-op want you to have it the other way around"* [Female Older Worker].

In respect of breaks and hours, a number of older workers and supervisors talked about the lack of breaks and lengthy shifts as a barrier to EWL. For example, one participant talked about the need for more breaks because sometimes, especially at busy periods like on a Saturday, workers are too busy so they do not get all the breaks they are entitled to, or are supposed to get it reduced off the shift, but that does not always happen. There was a perception that more breaks should be given to older workers. This was

perceived to be because working for a long period of time without a break can become challenging for older workers in respect of healthy EWL, whereby five or six hours would be ideal but eight or nine hours was too long. In fact, a supervisor reflected that even where breaks were given in accordance with new legislation, every four hours, older workers need more frequent and longer breaks. It was also felt this might be mitigated by having more staff on or being flexible with the length of shifts and giving shorter shifts to older workers:

> *"Make sure they give people bleeding breaks because you don't get the breaks you should get really. I mean most of the time we're on one to one, it's not their fault you're on one to one so one's on the till and one's on upstairs and it's just hard sometimes for you to get your breaks in. Like on a Saturday I work nine hours or ten but we get half an hour knocked off for our break and you are supposed to get a break in the morning and the half an hour that you are supposed to get knocked off and one in the afternoon but never ever had the one in the afternoon and sometimes you cut the hours short if you know that they're struggling and they're shouting for help on the till. You can't just sit here you have to go down. I think they should allow more staff so everybody gets their break"* [Female Older Worker].

> *"…well I had to ask because I used to do an eight hour shift on a Monday and I told them that really it were getting a bit too much on an eight hours because it's like eight and a half hours if you start at half six until three, you don't get a lot of breaks really, I don't think for eight and a half hours sometimes you know so anyway now XXX who was the manager then we'll put you to like five and a half or six hours, which is alright, you know what I mean?"* [Female Older Worker].

> *"Well what we could do is because now with this new legislation since October you don't get a break in 4 hours but if I had an older worker I would give them a 15-minute break that's me as person cause I just I would not expect my mum to stand you know if we going to employ them for more than 3 hours I feel that we should give a 15-minute break. So, we could put once they reach retirement age here is a different level of breaks"* [Female Supervisor].

(ii) Lack of choice and flexibility to workflow/role (Barrier)

Lack of choice to workflow was perceived to be a barrier to EWL by a number of older workers. Firstly, in respect of being responsible for a specific task and in charge of something and secondly in respect of being mindful of task distribution in terms of work ability e.g. heavy lifting with deliveries:

*"I do miss being responsible for something specific to me, but saying that I am sort of in charge as it were of magazines at the moment err I'm the main one that does it and I seem to be the only one that knows everything about it other people know little bits and I quite enjoyed being not in charge but knowing the job's being done from start to finish rather than just having a bit of it here and a bit of it there"* [Female Older Worker].

*"I think they could be a bit more mindful of the duties they do get people to do; i.e. heavy lifting and dragging cages in, I'm lucky that I don't drag cages about but I have done. It's tough when they're overloaded and things so I think like I said they've been good with me that way in what in what I do. I do get stuff out, they fetch a trolly out for me to fill up"* [Female Older Worker].

A range of supervisors, in stating that the Co-op doesn't have a policy on employing older workers post state pension age, talked about a lack of flexibility in terms of the physical nature of the role and the need to be multi-skilled. This was seen to be in the sense that the same expectations are placed on older colleagues as younger colleagues, impacting on the organisation's ability to be an employer that promotes EWL, as exemplified by a male supervisor:

*"The Co-op don't have a policy of semi-retired, or employing a more experience team member I think it's because it seems like the physical aspect, from what I have experience you are expected to be multi skilled doing what you are doing, you're not employed and oh X can have light work for the next 5 years cause unfortunately we are all paid the same and expected to do the same work"* [Male Supervisor].

However, there was also a recognition from a number of supervisors that the organisation itself might restrict the ability to be flexible with older workers if they are not flexible with manual roles. In addition, store size might have a bearing on how flexible it is possible to be, with smaller stores being perceived as less able to accommodate older workers' needs:

*"With age, I think if the company's not accommodating then that can really affect someone especially if they are in a manual job. Where as in here I think it's a lot easier if you are in somewhere like a store where you can go on to some other department if it's like with one of our elderly gentlemen he worked the produce it wasn't just the only thing he could do whereas I think if you were in a job that way or a career it may affect your working once you got past a certain age, whereas if you are in a career like this or a job role like this there is always something to do or to move on to, so you can accommodate them so I think it's a lot easier for them*

*to get to their retirement age in somewhere like this and have the support"* [Female Supervisor].

*"I think he just thought* [older worker that left] *it was a job of standing behind the tills, because we are a little community shop and I think it was just a case of, serving a few customers and it isn't. The smaller the stores are, you don't really have designated tasks for 4 hours, so here they would help see in a delivery"* [Female Supervisor].

(iv) Workplace Adjustments (Facilitator)

The vast majority of supervisors discussed flexibility in respect of the role and making workplace adjustments as a key facilitator to EWL. This was in terms of mitigating the physical challenges older workers might face and the gradual change that may be necessary in working patterns with EWL. Supervisors described these adjustments in terms of putting older workers into customer service roles on the kiosk or lighter duties, being mindful of shifts so that others can lend support if needed. However, it was also important to allow the older worker to feel valued and integral to the team in adapting to their needs. It was also highlighted that the organisation is very accommodating in respect of adjusting the role based on older workers' needs and abilities and that there is the level of flexibility available to supervisors when putting together the rota to check if other staff members can fill in shifts that might be more physically strenuous:

*"…she has to go on the kiosk but she is really bad on her legs so we tend make sure that when we are 'rota-ing' it we have her first in mind that we put her on a shift that they are there are other members of staff available. She's then able to sit on the check out and it's not going to cause her any further injury or any more pain throughout her shift then"* [Male Supervisor].

*"I do yes simple because we are very accommodating and we do realise that circumstances change for people, not just with age, but with a lot of things and as they get older they can't do as many things as they used to and it's hard for them to accept, so like that gradual change in their job we are making them feel special in their new position. It's like it helps them and they aren't feeling like they are worthless anymore and they still feel like they are valuable to use"* [Female Supervisor].

*"…staff wise we do have to make adjustments for them some of our elderly ones have now gone from working on the shop floor, we have to take into consideration*

*that they can't do that anymore. And they go on to lighter duties like the tills or simple things like code checking where they are not doing the heavy lifting. One of our elderly gentlemen he was fantastic on our produce for years, but it was getting a bit too much for him so we had to easy him out of their and he know works on the tills and he loves it, he's fantastic he's great. The Co-op as a general I think we are great with them and the community we do take into consideration what they can and can't do, we take that on board and we do help them as much as we can because we love having them here"* [Female Supervisor].

## 5.7 Financial Barriers and Facilitators to EWL (E)

Financial factors were identified as a barrier or facilitator to EWL by the majority of participants aged 60 and over, although there were some variations in experience expressed by gender. The two sub themes identified were:

(a) Necessity or incentive to stay in work due to financial reasons (Facilitator)
(b) Choice to leave work for financial reasons (Barrier).

These contrasting sub themes will now be discussed below.

*(a) Necessity or incentive to stay in work due to financial reasons (Facilitator)*

One male older worker and the majority of females cited financial reasons for extending working life because retirement pension alone might not be enough or because they had no partner to assist financially:

> *"...you have to think about your income as well you know, I will be on a retirement pension, but you may find it's not enough so that would be a big reason, the main reason probably why I would want to do it"* [Female Older Worker].
>
> *"Erm, needing to live* [laughs]! *That's the bottom line isn't it?! That's what it is, it's the bottom line"* [Male Older Worker].
>
> *"I wasn't ready at the time. I did have a bit of a mortgage to carry on with and now there's only me no husband or anything. So, it's needs must in a way but like I said I wasn't ready to finish so I'm still here"* [Female Older Worker].

This was also echoed by a supervisors' perception of the financial drivers of EWL in that older workers have a financial necessity to do so:

> *"I think they have to work longer the people in my shop for example have to work longer and I know they have to work longer because they openly tell me, they tell me they have to work longer because they haven't got the financial backing to not work longer so they have to"* [Male Supervisor].

Female older workers described the need to reduce their hours gradually because of reliance on the extra income. One participant also said that they needed to work due to not having adequate national insurance contributions or a private pension:

> *"I become pensionable age at the end of March I claim my pension and I've juggled my money and I've found out that I can drop my hours so I've actually been to see XXX this week about coming down from five shifts to three, he's agreed it and he's very pleased for me…well, one, I can't afford to live on the pension because I've not paid enough National Insurance pension contributions so I don't get a fantastic pension, but over the years I either wasn't working or my ex-husband and I had our own business so I never paid enough insurance so I don't get a private pension so the state pension is all I get. Well I couldn't live on that. So, initially it's financial but then you know"* [Female Older Worker].

Female older workers also talked about caring responsibilities as a key financial driver to EWL. This was firstly, in respect of caring for their mother and being financially tied down due to her living in to her nineties, which exceeded their own expectations of how long she would live for, and secondly the financial outgoing associated with caring for grandchildren:

> *"I'm just not ready to retire yet but financially I need to carry on working because a few years ago, we bought the house that mum's in now for our retirement but she's still in it* [laughs] *so I have to keep working…yeah, but she doesn't live with us. We bought a bungalow because we thought in years to come that will be nice in our retirement for us but she's 92 and still kicking and she's still in it so I have to keep going. I'm not ready to retire anyway not yet"* [Female Older Worker].

> *"I wouldn't be able to do things for my grandchildren, like we have to pick XXX from XXX and because XXX is not here at the moment we have to pay all of that out…we pick him up once a fortnight but that's forty pound nearly in petrol so I wouldn't be able to see XXX the same so it's money really"* [Female Older Worker].

Participant nine also went on to talk about her work history and her caring responsibilities for her own children, which have led to her working part-time since having children:

> *"I've not worked full-time you see since I stopped work having XXX* [her daughter] *I've never gone back full-time I've only worked part-time. At my age, you learn to manage on the money because my kids came first and I didn't have anyone to look after them so I had no choice"* [Female Older Worker].

There was also a feeling of frustration among a number of female participants surrounding their experience of having to work for longer due to the rising state pension age. Participants relayed having gone through a process of upset and stress after finding out about the change in state pension age, although one participant talked about being able to resolve the issue through claiming working tax credits:

> *"Well I have had to work longer and I could sort of like moan and groan about it, it was just one of those things that it was upped so you have to do it or else otherwise I probably wouldn't get a pension or if I had retired at 60 I wouldn't have got a pension till I am 65, so if I came out of work I would have nothing"* [Female Older Worker].

Finally, a number of supervisors also described a gendered and social context to financial drivers to EWL, whereby females were more likely to continue working for financial reasons than males, or, the financial motivation being due to bereavement:

> *"I would probably just say that because males have always been more the major bread earners and they probably have got the pensions"* [Female Supervisor].

> *"I mean so M needs to work I now M needs to work she's on her own M her husband used to work when this was XXX and he used work here when it was XXX that's how they met and has passed away quite a few years ago. So, she has to work to pay the bills"* [Male Supervisor].

(b) Choice to leave work for financial reasons (Barrier)

In contrast to the subtheme around financial drivers to EWL, a number of female participants aged 60 and over described the choice to leave work being dictated by financial reasons e.g. being driven by their partner's pension or not having the need to financially:

> *"I mean I was thinking when XXX* [partner] *gets his state pension next February we're both 65 you see and next year we're both February. We're both the same age…so when he's 65 and he gets his state pension I were thinking of leaving but I'm not 100% sure yet what I'm gonna do."* [Female Older Worker].

> *"No definitely not, well I don't think I'd need to financially. I think I'd have had enough by then it's another seven year so I think I'd have had enough or I'd cut my hours down and just stick with weekends if they let me do that. I don't plan to work*

*beyond that but you don't know what's going to happen do you"* [Female Older Worker].

## 5.8 Summary of the Findings from Phase Two

There were a number of key themes from the interviews with older workers and supervisors in respect of what can be done to support EWL. These were: (A) Wider Organisational Values and Policy; (B) Health and Wellbeing as a Barrier or Facilitator to EWL; (C) Social Barriers and Facilitators to EWL; (D) Workplace Barriers and Facilitators to EWL (consisting of subthemes: (a) Work Ability, Physical Demands and Productivity; (b) Working Together with Support and Respect and (c) Flexibility and Choice at Work); and finally, (E) Financial Barriers and Facilitators to EWL. These themes had a number of subthemes that were classed as facilitators and barriers to EWL, which can be found in Table 5-7 and Table 5-8 , respectively. The emergent organisational themes related to the Co-op's unique position in the community, the 'family' feeling employees gain from the organisation and associated job satisfaction, which related to its history as a co-operative. This theme resonated with older workers, who often talked about the Co-op's history, as well as their own position as an older worker having grown up with the Co-op, and subsequently being an employee, serving customers within the community. Older workers' views of the Co-op were often shaped by their long length of service, and ethical values of the organisation, with regard to doing the right thing and treating employees as being part of 'the Co-op'. Workers felt that changes in the organisation reflected the fact that it was going back to its roots and values, which they welcomed.

There was a perception that older workers were supported to stay in work for longer, although there was also a recognition that the organisation needs to adapt policy to embrace the value of older workers further in the future. When asked if the organisation supported EWL, a range of older workers and half of supervisors felt that the Co-op

accommodated them in extending their working lives and did not push retirement on staff. However, some older workers disagreed and felt that the Co-op did not create an environment that facilitated people to work for longer. This was due to a number of perceived barriers to EWL concerning a lack of recognition/value as an older worker. For example, there was a perception that management prefers to hire younger, rather than older employees. A number of supervisors recognised there was a need for the business to have a competitive advantage, and that younger workers offer energy and drive under limited time and resources. However, the overwhelming majority of supervisors felt there was also a business need to be an 'age friendly' employer and promote the value of older workers in respect of them having more loyalty than younger workers, taking less sickness absence at weekends than their younger counterparts, and having higher levels of confidence, experience and knowledge. Importantly, it was felt that older workers were better than younger workers at engaging with customers due to their increased confidence and life skills.

Ill health was frequently cited as a barrier for older workers but there was also a perception, voiced by both older workers themselves and supervisors, that work itself could be adapted to mitigate deteriorating health. It was perceived this could be achieved by tasks being managed better, for example, by assigning older workers to less strenuous duties such as customer service and giving older workers more choice over their hours. A number of supervisors talked about older workers who might find the physical requirements of the job difficult e.g. heavy lifting if the older worker has back problems. It was also felt that ill health was more critical than the financial drive to work and would prevent people from working for longer. There was also a feeling that the way older workers perceived being 'older' impacted on their health, with more positive views of age seen as good for health.

Interestingly, there was also a common perception among older workers that work was positive for health and wellbeing, due to the social contact with customers and colleagues. Only one older worker talked about the positive health impacts they perceived could be gained from retiring. A number of older workers who were either currently working past traditional retirement age, or were open to do doing so, saw work itself and the routine it afforded as pivotal for health and wellbeing. Although, those who had decided they did not want to work past traditional retirement age did not reflect this perception. Older workers who viewed extended working life as positive also reflected the view of not being old enough to think about retirement or that they were not ready, physically and mentally, to retire. A key benefit of working for longer was described as the social (meeting other people outside their own family and friends) and community aspects of work, due to stores being embedded within the community geographically and part of the identity of the local area. This meant that older workers often felt an integral part of the community and knew the customers who lived in the local area. This aspect of work would, it was felt, be missed by an older worker when they retired.

Workplace factors represented the largest subgroup of themes, which in respect of barriers were firstly around a perception of older workers as less productive among colleagues and issues were perceived in respect of a disconnect between younger and older colleagues (intergenerational issues). Secondly, there was felt to be a lack of team consistency, staffing problems and poor communication, which acted as barriers to EWL. Finally, a lack of choice to shift patterns and workflow was felt to be a key barrier to working for longer. However, there were a number of practical steps that participants felt could be put in place to support older workers. Older workers and supervisors described the need for additional training to support the needs of older workers so that supervisors and colleagues understand the value of older workers. The need for training was also

highlighted for both supervisors and younger workers around understanding the viewpoints of older workers in respect of young people not respecting them. As discussed, some older workers considered themselves more productive than some younger workers within the team, but there was also a perception from supervisors that older workers were less productive at some tasks. This suggests a possible disconnect between the viewpoints of older and younger workers as well as supervisors, which could potentially be explored with the aim of debunking stereotypes through training. Championing age was seen as important by the majority of participants who also felt this could be driven forward from an organisational level.

Support and respect was a strong theme that came from interviews with older workers and supervisors. It was felt that when the team worked together with respect and awareness of everyone's needs and abilities, that this was a key facilitator to staying in work for longer. Teamwork was described by older workers regarding expectation for older colleagues to carry out tasks at the same pace as other colleagues, but also the support from the team in helping when tasks, such as heavy lifting. Team work was seen as important for a positive and healthy environment. Consistency and clarity in communication within the team was also seen as important, as was having the right balance across the generations between younger and older workers. Further, the need for an on-going dialogue between workers and supervisors was also raised by older workers and a number of supervisors also agreed that giving older workers a voice and having an on-going conversation was key to being flexible to older workers' needs.

For older workers to be able to continue to work for longer it was felt that being flexible with shifts was essential and the majority of older workers reported that they preferred morning shifts, although they could not always choose these. Choice in shifts in respect of timings and also to suit caring responsibilities was seen as a key facilitator to

EWL. Regarding wider social factors, older workers often intended to work past state pensionable age, but for females particularly it was felt that additional caring responsibilities might hinder their ability to work for longer. As discussed, having a choice and some flexibility to workflow e.g. in respect of older workers doing customer service roles over physically challenging roles was also seen a key facilitator to EWL, which many supervisors felt was achievable, although not all agreed. It was also felt that more could be done to adjust the workplace to meet older workers' needs, for example having fold up chairs available at the till areas for older workers to relieve them from standing for long periods of time.

A number of financial requirements to work for longer were cited. These were mostly due to necessity e.g. pension changes (which impacted on females more) and due to not having had enough national insurance contributions because of career breaks, particularly with females. Females talked about the stress that these financial pressures caused them, however, not all workers felt under the same financial pressure, and reported that they did not need to remain in work. Despite the financial necessity of work, the perception of work as a social and community link was seen as dominant with older workers considering staying in work even if they did not need to financially.

# CHAPTER 6 DISCUSSION OF PHASE TWO (Studies 3 and 4)

## 6.1 Introduction and Conceptual Model

This section will discuss the main themes and subthemes derived from the analysis of the interviews with store workers aged 60 years old and over (n=15; females n=11; males n=4) (who were all operatives with the exception of one team leader) and a separate sample of supervisors of individuals aged 60 and over (n=15). A consideration of the research aims and the answers these themes provide will be made as well as a critique of the study design in respect of any limitations that can be drawn. The research aims, objectives and research questions that Phase Two addressed were as follows:

**Aim 2:** To understand perceptions of key factors that facilitate/inhibit people to remain in work for longer at the Co-op:

- **Objective 4:** to explore the perceptions of extending working life with employees aged 60 and over who are approaching/have reached or exceeded statutory pension age
- **Objective 5:** to explore the voice of the older worker (with a focus on females) in relation to perceptions of extending working life
- **Objective 6:** to explore the perceptions of working within a co-operative and the extent to which this makes a difference in extending work life
- **Objective 7:** to explore with supervisors the value of older workers and how the organisation supports the requirements of the ageing workforce within the Co-op

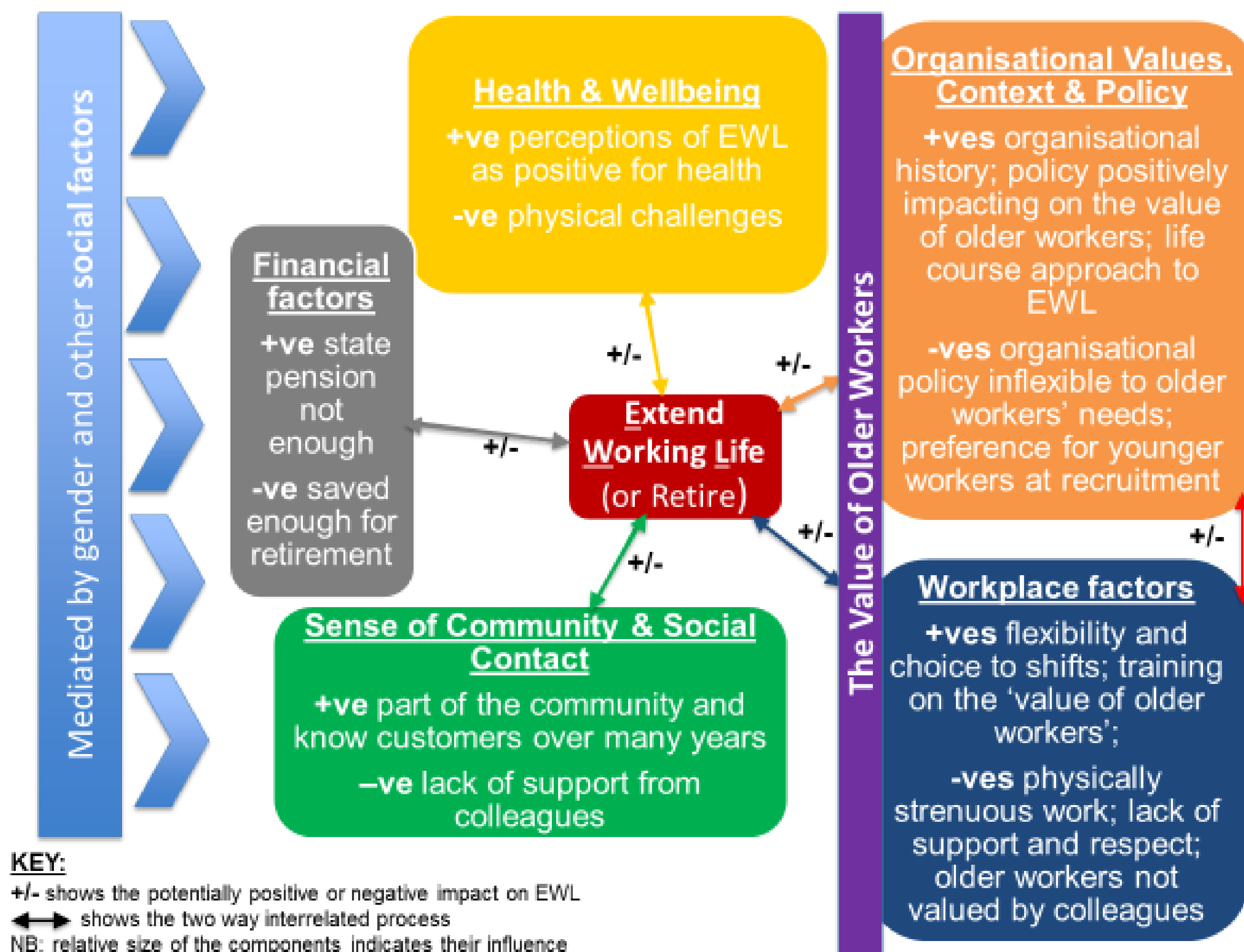
*Research Questions:*

- What are the key social factors that facilitate/inhibit extended working lives?
- What are the key workplace factors that facilitate/inhibit extended working lives?
- What are the key financial factors that facilitate/inhibit extended working lives?

Figure 6-1 (below) is a conceptual model illustrating the mains themes and subthemes that facilitate or inhibit extended working life (EWL), which have emerged from the interviews with older workers and their supervisors. The discussion will begin by highlighting the contribution to the knowledge base in respect of the overall conceptual model. After this, a critical discussion will be presented considering the key studies the current research builds on. After this, an overall discussion of the findings will be presented based firstly on an overall appraisal of findings reflecting the value of older workers, before a discussion of each key overarching theme that impacts on EWL (and the value of older workers) as conceptualised in the diagram, namely:

- Organisational (i.e. context, values and policy) and workplace factors
- Community and social factors
- Health and wellbeing
- Financial drivers to EWL

Figure 6-1. Conceptual Model of Findings from Phase Two reflecting the Barriers and Facilitators to Extended Working Life



The conceptual model (Figure 6-1 above) shows the factors that were found to influence older workers' decision (or necessity) to either EWL or retire. These factors originate from the five key themes identified in the qualitative findings (Chapter 5). The theme with the largest influence (represented as the largest segment in the model and shaded in orange) is organisational context, values and policy (theme (A) from Chapter 5). This segment refers to a range of organisational level factors that impact (positively or negatively) on older workers dictated by the organisation, as well as those that are mandated by government policy and cultural norms or expectations around ageing beliefs and colleagues' perceptions of older workers. For example, the study found a perceived preference for younger workers, which might impact on the extent to which organisational policy values older workers through recruitment (see segment shaded in purple, which depicts the mediating factor 'value of older workers').

In the model, organisational values and workplace factors (shaded in blue-Theme (D) from the previous Chapter) are also interrelated (see two-way arrow between the two segments and the mediating factor 'value of older workers' shaded in purple). These two segments are seen to exert the largest influence on EWL, so are shown as the two largest in the model, which in turn impact of the perceived value of older workers. For instance, organisational policy is not only influenced (positively or negatively) by social norms at a macro level, but also at a psychosocial (i.e. colleague) level, which in turn impacts on workplace factors such as levels of support. Specifically, supervisors' views and their subsequent treatment of older workers were perceived to (positively or negatively) influence the workplace environment and older workers' decision to either extend working life or retire. This will be discussed further along with workplace factors below.

Another overarching influential factor was gender and other social factors, which encapsulates part of theme (B) Community and Social Factors that emerged from the findings (while community factors are covered in a separate segment shaded in green). These overarching factors are conceptualised as having an influence on all other factors in respect of older workers' need to EWL (illustrated by the arrow shaded in blue across the left-hand side of the model). For example, females reported that care giving could be a potential barrier to EWL, which they felt impacted on females disproportionately. Females were also seen as at risk of deteriorations in physical strength, more so than men, by a number of participants. This gender based social factor therefore has an impact across a range of domains such as workplace factors (e.g. flexibility with shifts), financial factors, health and wellbeing, as well as policy level factors associated with workplace support and flexibility.

As shown in the conceptual model (shaded in blue), a range of workplace factors were perceived to have both a positive or negative impact on EWL. As discussed, these are interrelated with organisational policy level factors in respect of the extent to which older workers are supported through EWL and retirement. The key factors shown in the model were associated with support and respect from colleagues and supervisors, flexibility and choice and work ability in light of physical challenges. It was felt that these factors can be directly influenced by age related beliefs of colleagues, as well as older workers' perceptions of themselves and EWL, which is impacted by organisational policy. Factors such as training colleagues on the value of older workers, championing age and bringing together perspectives across the generations were seen as facilitative to EWL.

Health and wellbeing (shaded in yellow- Theme (B) from the previous Chapter) was shown to be critical in deciding whether to EWL, but factors could be

put in place to mitigate deteriorations in respect of the physical challenges of work. Therefore, this factor is depicted as the third largest segment to illustrate the extent of its influence. Ill health was highlighted as a key barrier to EWL (e.g. in respect of the physical challenges to work), but work itself and routine were also seen as positive for health. This perception could be harnessed in the workplace (e.g. championing age) in respect of self-beliefs about ageing and EWL.

Another emergent concept that was widely seen as positively impacting on older workers is the community context of the stores (shaded in green- Theme (C) from the previous Chapter). This element has been isolated as an individual factor (although having less influence therefore smaller in size than workplace factors, health and wellbeing and organisational values) that appeared to act as a protective factor for EWL, as well as providing a feeling overall job satisfaction through social contact colleagues, customers and the wider community. This was a key unexpected emergent concept, which supervisors and older workers both agreed was a particular strength of older workers who are perceived as being better at engaging with customers, and with community work.

Finally, financial factors (shaded in grey- Theme (D) from the previous Chapter) were also highlighted as an influencing factor on EWL both positively and negatively. However, this segment is illustrated as the smallest in terms of influence on EWL. This is because older workers identified that, although the financial impact of work was important, it was the social and community aspect of work that they felt rewarded by in the workplace. Therefore, if these factors or other factors such as workplace factors were also not in place, the financial aspect of work alone would not act as a sufficient driver to EWL.

The conceptual model builds upon two models identified in the literature review in Chapter 2 and various key research studies. Firstly, it builds on Feldman and Beehr's (2011) three-phase model of retirement (see p.72), which outlines the psychological theories that explain the process of retirement decision making in a linear stage model. As displayed in Feldman and Beehr's (2011) model, the phenomena outlined in the model relate to social identity theory (e.g. impacts of positive or negative self-perceptions of being an older worker); self-categorisation theory (e.g. impacts of perceptions of older workers being old enough to retire and less capable than other members of the team); and social normative theory (e.g. impacts of normative perceptions of self within social groups whereby other colleagues feel it is beneficial for health to either (a) retire, or (b) extend working life). Also considered in the current model are a range of factors at the workplace level that impact on workers' ability to remain satisfied and healthy in work for longer, as explained by person-environment fit theory (e.g. in respect of workplace adjustments and work ability) in Feldman and Beehr's model. Further, it is financial drivers that are explained by economic and motivation theories in Feldman and Beehr's model that dictate the need to do extend working life (e.g. due to increasing SPA or other financial drivers to EWL).

Social inequalities across the life-course that impact on health and wellbeing are not covered in Feldman and Beehr's (2011) model of retirement decision making, but are considered in the current conceptual model (e.g. in relation to the gendered context to work and the impact of socioeconomic background). In addition, the current model recognises the factors that impact on working life extension rather than simply work exit. Finally, the current model uses the qualitative findings of both older workers and supervisors to conceptualise the interacting process and spheres of

influence on retirement or EWL, rather than conceptualising retirement as a linear one-way process using purely theoretical models.

The current model also builds on Reeuwijk et al.'s (2013) model of the factors that push and pull people towards retirement, which was developed from interviews with older workers (mostly older males). The current findings, add to Reeuwijk's model, by considering the needs of female older workers. Reeuwijk (2013) identified that wanting to enjoy life, spend time with grandchildren, a lack of flexibility, and pressures of work were precursors for retirement. Therefore, the current study builds on this by exploring the factors the explicitly facilitate or inhibit EWL. In fact, the current model goes further in highlighting the necessity to work for financial reasons despite wishes to retire, as well as accounting for social factors that account for social inequalities e.g. gender disparities. Further, supervisors' views are also encapsulated in the current model in respect of the value of older workers, which is called for in the research literature (see for example, Van Vianen et al., 2011). Furthermore, the current model focuses on extension of working life as well as retirement, and in doing so it highlights the value of older workers as well as the role of the social context of work in facilitating EWL. The current study also builds on previous qualitative research (see for example, Payne & Doyal, 2010) identifying specific needs around caring responsibilities, career breaks and the need for workplaces to be flexible to meet these needs.

Overall, the themes identified in the current research build on a number of previous findings, which will now be discussed. The most closely related work is perhaps Porcellato et al.'s (2010) qualitative study, undertaken in the North West of England, which explored the relationship between age and work as well as the factors that facilitate employment and retirement in older workers. Their study illustrated a

number of factors that were important to older workers such as health, caring responsibilities, valuing skills, ageism and lack of choice due to institutional factors. The current research builds on this work by assimilating both the views of older workers as well as supervisors on the impact of these factors on not only work, but on EWL and withdrawal from work. The factors impacting on EWL as highlighted in the conceptual model will now be discussed in turn in relation to the EWL literature.

## 6.2 The Value of Older Workers

The vast majority of supervisors, as well as some older workers themselves, felt there was a positive value of older workers within the workforce. It was felt that older workers have: better customer service skills, confidence in dealing with customers, being methodical, having life skills and empathy in dealing with situations e.g. customer complaints, and enthusiasm and reliability in comparison to younger workers. These findings support previous research, whereby positive perceptions of older workers have been found to relate to reliability, loyalty and job commitment, strong work ethic and having a wealth of experience (Harris, Krygsman, Waschenko & Rudman, 2017; Harper, 2006; Hollywood & McQuaid, 2007; McGregor & Gray, 2002). Further, these findings lend support for research suggesting that deteriorations in functional capacity can be negated with age and that older workers have better customer service skills (Johnson et al., 2013). Older workers were perceived overwhelmingly to have a value to the organisation by supervisors, but there was also the perception among some older workers that younger workers were preferred by management, suggesting a possible disconnect. This is pertinent because research suggests that the existence of positive 'Perceived Older Worker Stereotypes' (POWS) among colleagues can help working adults maintain their orientation towards

promotion (Bowen & Staudinger, 2012). Therefore, where positive stereotypes are perceived, older workers feel more engaged to stay in work and receive promotion, thus EWL (Bowen & Staudinger, 2012).

The dissonance between older and younger colleagues' perceptions of the value of age, highlighted in the current study, suggests a need for POWS to be promoted. Previous research has also shown an imbalance in societal perceptions around negative stereotypes of older workers and self-perceptions of becoming old (Buyens, Van Dijk, Dewilde, & De Vod, 2009; Feldman & Beehr, 2011). The current findings suggesting a disconnect provides evidence of a need to address negative stereotypes in the workplace, and suggests that the positive perceptions reported could be harnessed to influence more positive self-perceptions of ageing across the workforce. This also relates to the literature on EWL, which highlighted that older workers can feel undervalued (Porcellato et al., 2010: Business in the Community, 2015) and that having an opportunity for skill use impacts positively on wellbeing (Bryson, Forth & Stokes, 2014; Warr, 2007). However, the effect of negative stereotypes of older workers appears to be stronger, or at least more varied, than is the case with positive stereotypes (Bal et al., 2011; Meisner, 2012) suggesting that addressing any negative self-perceptions and perceptions of colleagues around ageing should be a priority.

There was a perception among some older workers who were already EWL that they were not old enough to think about retirement, or physically and mentally not ready for retirement. Work was seen as positive for health, providing job satisfaction, and there was also a perception among some older workers that ageing was just a number and that work was good for health and wellbeing. This relates to the literature highlighting the positive impact of job satisfaction on health and wellbeing (Bevan, 2010; Clark, Mavromaras &Wei, 2014) and is integral to the measurement of

wellbeing at work (Bryson, Forth & Stokes, 2014). The current findings are also consistent with previous research whereby negative self-perceptions of ageing have been shown to be detrimental to physical health and functioning, yet positive self-perceptions of ageing have been shown to be protective (Sargent-Cox, Anstey & Lusczcz, 2012).

The findings highlighted some perceptions that some aspects of older workers' productivity declines with age, reported by some supervisors and older workers, particularly in the retail context, which is physically demanding. However, where evidence suggests there is a connection between age and productivity, it is suggested that it is in fact an 'age-positive' one (Hotopp, 2007; Silverstein, 2008), although this has also shown to vary by job role, whereby physically strenuous work, as could be the case within the Co-op, may impact more negatively on ability to EWL (Larsen, 2008; Leenders & Henkens, 2010; Loretto & White, 2006; Reeuwijk et al., 2013; van Solinge & Henkens, 2014). It is however possible that perceptions of deterioration with age might reflect stereotypes, rather than mirror reality (Ng & Feldman, 2012).

Johnson, Holdsworth, Hoel and Zapf (2013) found, specifically in retail workers, that older workers' utilisation of emotional control and active coping had a greater positive effect on emotional exhaustion and cynicism compared to younger employees. In sum, they found that older workers may be have better coping strategies than their younger colleagues, leading to a better customer experience. This view is reflected in the positive perceptions voiced by supervisors about the value of older workers, although as discussed, a possible disconnect was also evident between the views of older and younger colleagues, which will be discussed further in section 6.3.

The findings indicated that older workers were considered valuable due to their alignment to the long and rich history of the organisation, which particularly resonated

with many older workers and is reflected in the conceptual model under the segment labelled the '*The Value of Older Workers*'. Older workers described memories of the Co-op through the generations and positive feelings were associated with these. Although some felt that more work needed to be done to get back to the organisation's traditional roots, most felt the organisation was going in the right direction. This finding supports previous research suggesting that the extent to which individual perceives 'insider' status within the organisation; seen as a perception of belonging, acts as a facilitator to EWL (Armstrong-Stassen & Schlosser, 2010: Raub, 2016). This idea of older workers resonating with the 'family' feel of the organisation also relates to the literature around social capital and sense of community (Kagan, et al., 2011; Reimer et al., 2008). Previous research has also found that the social aspect of work has been shown to be facilitative to EWL (Laine et al., 2014; Loretto & White, 2006), but the findings of the current study builds on this by suggesting a community context associated with a long history of service in older workers. The findings also support research suggesting that there are health and wellbeing benefits of interventions that aim to increase social capital in communities of older people (Koutsogeorgou et al., 2014), which in this case are linked to the values of the organisation as a cooperative.

The definition of a co-operative as described by the Co-op is 'a group of people acting together to meet the common needs and aspirations of its members, sharing ownership and making decisions democratically' (Co-op, 2014, webpage), so inherently social capital could be derived from the values of the organisation. The notion that co-operatives are beneficial and create social capital is supported by research suggesting that equity in organisations have beneficial effects on employee wellbeing (Chandler, 2016; Price, 2009; Unterslak, 2009; Warr, 2011). The current research supports the beneficial effects of equity in organisations, which was perceived

as a particular benefit to older employees and being aligned to the Co-op values was felt to be a value of older workers. The context of the case study organisation provides rich grounds for this new emerging finding around community context that does not appear to have emerged, so far, as a key facilitator to EWL elsewhere in the EWL literature. This will be discussed further in the following sections and the overall discussion in Chapter 7.

## 6.3 Organisational and Workplace Factors contributing to EWL

A range of organisational and workplace factors that contribute to EWL were identified by older workers and supervisors with these segments being the largest in the conceptual model reflecting the largest influence as well as the greatest number of sub factors. This reflects the review of the literature whereby a number of factors in the workplace have been shown to impact on older workers' chances of EWL across the life-course.

Firstly, unique to the current case study organisation's values, the ethical value of work in respect of dealing with customers and colleagues was identified by various older workers and the majority or supervisors. The factors identified in the literature include being treated fairly by employers in terms of procedural justice (Bevan, 2010; Black, 2008; Coats & Max, 2005; Marmot, 2010; Warr, 1987; 2007). The current case study supports these findings because it aligns with the ethos of being a co-operative and is perceived as fair by its employees. Further, Fehr and Schmidt (1999) suggest a perception of fairness and procedural justice needs to exist in order for co-operation to be successfully sustained. The current study supports these assertions whereby the ethical values of the Co-op are positive factors contributing to the perception of older workers towards EWL. This idea is reflected in the organisation's strategy, for

example, in the True North Compass, which states that the Co-op is a place where colleagues 'feel proud' to work for the organisation:

> Great place to work and shop - colleagues understand what the business is trying to achieve and know what they need to do to contribute; and they have the right tools and resources to do their jobs well and be the best that they can be – colleagues feel proud to work for The Co-operative Food.
> (Co-op 2014, webpage)

In respect of direct policies relating to EWL and whether the organisation in general supports EWL, there were mixed feelings. Older workers and supervisors generally felt that the organisation supported EWL, yet a number of older workers and supervisors felt that more needed to be done by the organisation to champion older workers in order to promote EWL further. This supports previous research, which has identified that the organisational culture (in respect of attitudes to older workers) acts as a barrier to EWL and that, in general, organisations are under prepared to deal with the challenges of an ageing workforce. For example, Macloed et al., (2010) found that just 14% of managers and HR managers considered their organisation very well prepared to cope with the challenges associated with an ageing workforce. In fact, European research has highlighted a lack of attention in workplace research to the social stereotypes that exist about older workers (Buyens et al., 2009). Although the value of workers is evident as discussed, the current case study supports previous findings because it has identified a current need to champion older workers at an organisational level specifically and particularly around recruitment of older workers. Similarly, previous findings from a study of HR professionals found that ageist attitudes were negatively related to recruiting older workers (Goldberg, et al. 2013) and that age discrimination can lead to redundancy (Roscigno et al., 2007; Posthuma & Campion, 2009). The extent to which the organisational culture champions older

workers' needs also has implication for the health and wellbeing of older workers, as identified in previous research (see for example, Brown & Vickerstaff, 2011), which will be discussed further in section 6.5.

A number of older participants and supervisors felt that younger workers were quicker at some physical tasks, while for older workers the physical aspect of work was a challenge. Initially, this finding appears to contrast with findings of previous studies showing that where age related deteriorations in cognitive and physical functioning exist, the experience and expertise of older workers has been shown to mediate these effects (see for example, Baltes, Staudinger, & Lindenberger, 1999; Conen, Henkens & Schippers, 2012; Ilmarinen, 2012). In fact, the effect of age on physical functioning has been shown to be inconclusive (see for example, Benjamin & Wilson, 2005; Meadows, 2003). Some differences have been displayed with job role, such as strenuous roles, (see for example, Sluiter, 2006), which is supported by current findings in physically demanding retail roles. However, this finding is also consistent with previous research that has shown that high pressure or physically demanding jobs can act as a barrier to EWL (Larsen, 2008; Leenders & Henkens, 2010; Loretto and White, 2006; Reeuwijk et al., 2013; van Solinge and Henkens, 2014). Further, in a qualitative UK based study carried out by Loretto and White (2006), older women in manual work were seen as being affected by deteriorations in performance more than men, which is consistent with the findings from the current research. Therefore, in a female dominant older workforce, adapting to the changing functioning in respect of physical roles and making necessary adjustments would appear to be necessary in order to EWL.

A key theme reflected by the majority of older workers related to the importance of respect and a positive attitude from their supervisors and fellow

workers, as a key facilitator to EWL. The majority of supervisors agreed with this, and that older workers should not be treated any differently from other workers, or as a special case, whilst still ensuring that their individual needs are met. This approach is consistent with a life-course perspective where age is seen as just one form of diversity and everyone feels empowered (Ilmarinen, 2012; Wallin & Hussi, 2011; Wallin, 2016). Some older worker perceived that support could be improved for older workers, in respect of enabling them to be flexible with their hours and applying less pressure in respect of productivity e.g. not carrying our physical strenuous tasks as they EWL. Older workers also reported that support largely depended on the supervisor, which suggests that training around understanding the needs of older workers could be beneficial in supporting EWL. This supports previous research suggesting a need for training for employers in the UK around supporting older workers (Altman, 2015; Buckle, 2015; Weyman et al., 2013).

Considering barriers to EWL around half of all supervisors interviewed stated that if supervisors viewed age as a restriction to work, then the support and respect received from these supervisors could be a key barrier to EWL. As discussed earlier (section 6.3) supervisors had varied views about the productivity of older workers and some negative views (with some justification) around pace and the physical aspect of work were evidenced, although the value of older workers was appreciated. Previous research has identified a gap in the literature in respect of the age-related beliefs of supervisors (Van Vianen et al. 2011). Further, the level of supervisor support as assessed by employees has been shown in previous research to negatively affect older workers' willingness to engage in training and development (Maurer, Weiss & Barbeite, 2003). In fact, the workplace attitudes of older individuals have been shown to relate not only to internal beliefs, but also to the perceived support from others and

the external beliefs or behaviours of others (Nauta, et al., 2009). A systematic review of observational studies in respect of older adults' perceptions of ageing and their health and functioning also highlighted that interventions aimed at improving older workers' health should include a focus on perceptions of ageing and challenge beliefs about ageing (Warmoth et al., 2015), which the current research also supports. The current research supports the idea that the supervisor role is pivotal in mediating older workers attitude to EWL and support from management is crucial to EWL (van Solinge and Henkens, 2014). A number of supervisors stated that older workers need to be listened to and their skills and experiences should be respected. This supports previous research suggesting that older workers are more likely to EWL if they are given recognition and sufficient use of knowledge, skills and experience at work (Larsen, 2008). Further, the need for training in respect of the value of older workers and around a uniformed approach to supporting older workers came out in the current research. This again, supports previous assertions that employers should be trained to adapt to the needs of an ageing workforce (Altman, 2015; Buckle, 2015; Weyman et al., 2013).

Positive communication with colleagues, in respect of team work and consistency, was identified as a key facilitator to EWL by the majority of older workers and supervisors. This was cited as involving a good balance of work between the team and having a small, consistent and friendly team. This supports previous research suggesting that older workers are more likely to EWL if they have a perception of belonging within the organisation (Armstrong-Stassen and Schlosser, 2010) and that the social role of work is a facilitator to EWL (Loretto and White, 2006). Research has also shown that smaller workplaces are more facilitative of EWL, which is consistent with the current perception that more friendly and conducive teams

are experienced in smaller stores (Hofacker et al., 2016; Loretto & White, 2006; Micheel et al., 2011).

Some older workers (all females) felt there was a lack of respect from the younger workers and also perceived some difficulties around younger colleagues' quality and standards of work. Supervisors agreed with this, and the majority described intergenerational issues relating to younger colleagues' perceptions of older workers. Previous research has found that age diversity in the workplace can cause an increased risk of age related discrimination, which can lead to decreased collective affective commitment and increasing turnover intentions (Boehn et al., 2013; Kunze et al., 2011, 2013; Tumi et al., 1997). The current findings suggest that there are perceived challenges between the younger and older workers and a possible disconnect in their views. This has implications for the case study organisation and possible wider implications, which will be outlined in the recommendations Chapter 8. The social context of these findings will be discussed in section 6.5.

A number of older workers cited reductions in staffing levels, which had a negative impact on morale. This resulted in tensions perceived to be caused by the extra work that needed to be done and expectations of productivity levels from management, as well as poor communication and some impacts on the health and safety of staff. As discussed, high pressure at work has been shown to be a key barrier to EWL (Larsen, 2008; Reeuwijk et al., 2013; van Solinge and Henkens, 2014) and the current research in respect of staffing levels also support these findings.

Having flexibility and a choice to shift patterns and hours was considered important to the vast majority of older workers and supervisors agreed. This was considered vital to a healthy extended working life in order to allow older workers to combine work with their individual needs and commitments, but also was raised as a

concern for health and safety e.g. staying too late and in respect of fatigue. Older workers felt that it was important to have the choice to reduce hours and to choose the time of day to work. A key theme within flexibility and choice for the majority of older workers was also a preference for morning shifts. Specifically, females felt that the removal of choice contractually from their shift patterns was a key barrier to healthy EWL. Previous research has suggested that shift work in itself can be detrimental to the health and wellbeing of older workers (Harris & Higgins, 2006 cited in Yeomans, 2011; Tuchsen et al., 2008), working hours' satisfaction is a facilitator to EWL (Larsen, 2008) and older workers should have a choice of preferred shift, reducing their workload, shortening working hours and/or increasing rest periods (Crawford et al., 2010). Further, a lack of flexibility and choice at work has been shown to be a key barrier to EWL (Loretto and White, 2006; Maitland, 2010; Phillipson & Smith, 2005; Reeuwijk et al., 2013). The results of the case study support these findings in that older workers themselves and supervisors have identified a lack of choice to shift length and time as a key barrier to EWL. Further, the current findings suggest there is a perception of needing a choice in shifts, as well as an overwhelming preference for morning shifts, which was voiced by both older workers and their supervisors. However, supervisors reflected that shifts flexibility with older workers was challenging, given the growing demands on the business side of the role. In this regard, a number of barriers to flexible working have been identified, which include a lack of focused effort; planning and support and trust between individual managers and workers (Alden, 2012). In the current study, older workers described a barrier to having a choice in shifts as the implementation of a computerised rota-system. Older workers and supervisors also identified that there needs to be an ongoing conversation in respect of tailoring flexibility and shifts towards older workers' needs, which

supports Alden's (2012) findings regarding implementing flexible working successfully. Such interventions already exist in best practice examples, where flexible or partial retirement policies are used as an option to help in the transition from work to retirement, such as in Cambridgeshire County Council in the UK, and the Ford manufacturing plant in Valencia, Spain (Eurofound 2012).

A lack of choice to workflow was described by older workers and supervisors in respect of the need for management to have a consideration of task distribution based the work ability of older workers. A number of supervisors agreed, describing a lack of flexibility in respect of the physical nature of the role and the need for older workers to be multi-skilled. It was also reported that other restrictions, such as store size, might have an impact on this, with smaller stores being perceived as less able to accommodate older workers' needs due to having fewer members of the team.

The findings of this study give further support to research suggesting that a lack of choice inhibits EWL (Loretto and White, 2006; Maitland, 2010; Phillipson & Smith, 2005; Reeuwijk et al., 2013). Further, insufficient use of knowledge, skills and experience (Loretto and White, 2006; Porcellato et al., 2010; Thorsen et al., 2012) can also hinder older workers' chances of extending working life, which relates to the current findings in respect of flexibility in the role. Research has also shown that flexibility is related to the organisation size in that smaller organisations are perceived as having more flexibility and choice to EWL (Hofacker et al., 2016; Loretto & White, 2006; Micheel et al., 2011), and the current findings also support this idea.

The majority of supervisors described the need for stores to be flexible and make workplace adjustments to mitigate the physical challenges older workers sometimes present e.g. accommodating older workers in customer service roles on the kiosk or lighter duties or being mindful of shifts so that younger colleagues can lend

support if needed. Earlier research has also highlighted the need for urgent adjustments at work for health reasons to prevent the risks of early retirement and work disability (Ilmarinen, 2012, Boot et al., 2013) and in this respect the need for adjustments was shown to be higher than actual implementation (Boot et al., 2013). The implications of these findings in terms of recommendations for action will be outlined in Chapter 7. The next section will consider the social and community factors identified in the current research.

## 6.4 Community and Social Factors

A number of older workers (both females and males) described an integral sense of community, which was linked to their length of service and the fact that the stores are often based within their local communities. This was an emergent finding of the current study. As discussed alongside the value of older workers being aligned to the organisation's values, the value of co-operatives is supported by research suggesting that equity in organisations can have beneficial effects on employee wellbeing (Chandler, 2016; Price, 2009; Unterslak, 2009; Warr, 2011). Further to the organisational values of the Co-op, the sense of community perceived by older workers was described in relation to individual social contact, which was seen as a key benefit of work. As mentioned in section 6.3, social support is a key facilitator to healthy extended working life, but also in the current research is perceived to provide a sense of job satisfaction, generating feelings of being worthwhile and as a protective factor against loneliness: This is also consistent with previous findings, whereby a qualitative study carried out by Loretto and White (2005) found that the social role of work facilitates EWL, specifically in females.

Female older workers felt there was a lack of respect from the younger workers in terms of the standards of work and uneven task distribution, where often they were perceived to be left to do the cleaning up after them. This seemed to relate to a number of contributory factors including: different work ethics and respect levels across the generations; uneven contributions among the team; being perceived as a 'mum' or 'grandmother' figure as opposed to a colleague; and finally, a lack of awareness about the difficulties that older workers might face. However, some older females talked about the support given from younger colleagues as a facilitator to EWL. There are two main ideas that these findings lend support for in relation to the research literature. Firstly, the idea that stereotypes, both in relation to age, and also those related to be the 'double jeopardy' of being female (where sexist and ageist stereotypes can occur), exist in the workplace (Jyrkinen, 2014) and also in relation to the gendered social roles women tend to be associated with (e.g. caring, grandmother etc.) (Payne & Doyal, 2010). Secondly, the idea that intergenerational learning in the workplace is a key facilitator to successful workplace age management (Wallin & Hussi, 2011).

A number of female older workers cited caring responsibilities as a barrier to EWL and a number of supervisors also identified caring responsibilities as a key barrier, particularly where it was not possible to be flexible around these needs. This is consistent with previous findings, such as a recent study in America, which found more than an 8% increase in the retirement of older women when a new grandchild arrived (Lumsdaine & Vermeer, 2015) and a European study showing that women take on more unpaid caring responsibilities than men (Fernandez-Ballesteros et al., 2011). Previous researchers have recommended that interventions should adapt working conditions to the key reasons why individuals would wish to retire early, such as caring responsibilities (Reeuwijk et al., 2013). Therefore, the current research supports

previous findings and supports the idea that good quality flexible working should be used a means of enabling older workers (particularly women) to the spend time needed to care for others and broader government policy is needed to reflect this (Aranki & Machiarelli, 2013; CIPD, 2017b; Cridland, 2017; Harper & Hamblin, 2014; Reeuwijk et al., 2013, Weyman et al., 2013).

## 6.5 Health and Wellbeing

Deteriorating health was identified by most of the older workers interviewed, as well as supervisors, as the primary barrier to EWL and this is consistent with previous research (Humphrey et al., 2003; McNair et al., 2004; Phillipson & Smith, 2005; Loretto & White, 2006; Larsen, 2008; Porcellato et al. 2010; Brown & Vickerstaff, 2011; Rice, Lang, Henley & Meltzer, 2011; Aranki & Macchiarelli, 2013; De Preter, Van Looy & Morlemans., 2013; Weyman et al., 2013; Hofacker et al., 2016; Solem et al., 2016). The impact of the environment at work was also cited by older workers and supervisors in respect of the potential negative affect it could have on health and wellbeing. The majority of comments relating to the poor work environment related to long shift hours, standing, lack of breaks, strenuous work including heavy lifting and general pressures of work. Again, this is consistent with previous studies such as Brown and Vickerstaff (2011), who found that perceptions of health impacting work were also mediated by the pressure of work. Similarly, other studies found that the environment contributed to poor health outcomes in certain occupations, for example, strenuous occupations (Banks & Casanova, 2003; DWP, 2014b; Haukenes et al., 2011; Ilmarinen, 2012), shift work (Harris & Higgins, 2006 cited in Yeomans, 2011; Tuchsen et al., 2008) and in unfavourable ergonomic and physical environments (Haukenes et al., 2011). As discussed in section 6.3 shorter

shifts and choice of work patterns were seen by older workers and supervisors as a possible way to mitigate the negative impacts of work on health.

In the current study, older workers and supervisors also perceived there to be a gendered context to the health impact that work has on women specifically. This might be related to previous findings that people in lower social classes, often in roles occupied by women more so than men, are more likely to be employed in routine occupations (Radl, 2013). However, it has been identified that there is a gap in the literature exploring the impact of work on health specifically relating to women's individual needs, such as in relation to the menopause on work (Payne & Doyal, 2010) and the role of gender in combination with age (Griffiths et al., 2010; Vandenberghe, 2013). The current findings suggest that women are perceived by supervisors to be at a higher risk than males from the negative affects of work on health, which is consistent with previous studies that have shown women to be at a higher risk of stress (HSE, 2014, Lunau et al., 2013).

Older workers who were EWL or reported being open to doing so, described work itself and routine as important for health and wellbeing, but those who had decided they did not want to work past traditional retirement age did not reflect this perception. Older workers who perceived work as a protective factor for health and wellbeing through routine, felt this was related to the extra social contact with customers and colleagues and being active. Perhaps surprisingly, in the current study retirement was seen as having the potential to positively impact on health by just one participant. The finding suggesting that work is generally perceived to be positive for health is consistent with the findings of workplace studies. For example, in a UK (Smeaton & McKay, 2003) and an EU study (Denaeghel et al., 2011), individuals who EWL showed better health than those retiring; although whether this is due to good

health or extended working life being healthy is less clear. Further, in UK based qualitative studies with older workers by Loretto and White (2006) and Porcellato et al., (2010) perceived positive health benefits of EWL were found, which the current research supports. The current findings that the routine of work and social support is perceived to be conducive for good health is also consistent with a previous research showing that factors facilitative of positive wellbeing include promoting social support (Laine et al., 2014) and that 'good' work is beneficial for health (Waddell & Burton, 2006).

In terms of how organisational policy can also impact on health and wellbeing at the workplace level, the current research supports previous assertions e.g. Ilmarinen (2012) who suggested that policies should look at 'ageing' (as young as 45) across the life-course (i.e. prevention and early detection).

## 6.6 Financial Drivers to EWL

Older workers, particularly the females who were interviewed, described the financial imperative to work as a key reason for EWL, or in indeed the choice to leave work was dictated by finances. Crucially, there was a frustration surrounding their experience of being forced to work for longer due to the rising state pension age. Further, women described interruptions in their careers across the life-course due to childbirth meaning that they had not accrued an adequate pension to retire. The gendered context to the current findings has also been shown in previous European research whereby women with low household incomes showed greater chances of planning to EWL than men (Micheel et al., 2011). However, Loretto and White (2006) showed across both genders the main driver to EWL was financial, reflecting a number of personal and family needs.

In respect of the financial necessity to work, in some cases women stated that they would retire when their partner retired. Lain and Vickerstaff (2014) found women are less likely than men to work past their mid-sixties, reflecting both lower levels of employment at earlier ages due to women having more discontinuous employment histories than men as a result of breaks associated with having children (Arpaia, Dybczak, & Pierini, 2009; Eurostat, 2015b), but also the way in which women's employment is influenced by their partner's career timeline (Pienta, 2003; Loretto & Vickerstaff, 2013).

The current research support's Lain and Vickerstaff's (2014) view that focussing on individual factors alone neglects the context in which people make EWL based decisions. This was both in respect of being driven by their partner's pension or not having the need to financially. This supports research suggesting that the financial opportunity to retire is a push factor into retirement (De Preter, van Looy, & Mortelmans, 2013; Reeuwijk et al., 2013). However, females' perceived necessity to EWL or retire, due to finances might also reflect the need for good work to be well paid supporting the view that there should be a national living wage (Living Wage Foundation, 2016). The next section 6.7 will discuss the limitations of Phase Two of this research after which an overall discussion of the findings across Phase One and Phase Two will take place in Chapter 7.

## 6.7 Limitations of Phase Two

There are a number of limitations to the study design, both in respect of the sample and generalisability of the findings, and also in respect of the relationship with the participant's gatekeeper (the Co-op). Firstly, the sample was made up predominately of females, to reflect the make-up of the organisation. This is a

limitation in respect of results not being generalisable to the overall working population of older workers within the Co-op. In addition, the workforce is also predominately part-time, which although this is consistent with the trend nationally and across Europe whereby women's work tends to be less secure, part-time, and undervalued (EOC, 2006; Villosio et al., 2008; Eurostat, 2015b) means the study cannot be generalised to full time older workers. However, the sample being predominately female and based in retail is consistent with national trends suggesting that women tend to be clustered in the 5 Cs': catering, cleaning, caring, clerical and cashiering roles (Close the Gap, 2010; EOC, 2007). Secondly, the sample focussed only on the Greater Manchester area, which means that the findings are not generalisable nationally (or internationally). Although, there is a need for research to focus on the North of England as the overall working population in the UK is 64.5%, which breaks down to 70.2% in the South East, 67.0% in the South West, 66.8% in the East. However, the figure is only 62.4% in the North West and 59.7% in the North East (DWP, 2010, cited in Macnicol, 2015).

A further potential limitation of the study is that the first contact with potential participants was made by the employer of the participants. In this respect, while it was explained thoroughly that the research was confidential and independent from the Co-op, it is recognised that this can be problematic when working with gatekeepers (Saunders, 2012; Wiles, 2012). Although Heath et al. (2009) suggest that the researcher can take steps to ensure the participant does not feel compromised. In most cases a separate phone call away from the gatekeeper was also arranged to state explicitly that the research was independent but that information would be passed on anonymously to the organisation in the form of a business report and their decision of whether or not to participate was not made known to the gatekeeper (Heath et al.,

2009). It could also be that case the selection bias occurred whereby participants who consented did so for a particular reason e.g. to share their experiences in a positive light because they are already engaged with Co-op ongoing consultations, and perhaps other people with more negative opinions were hesitant about taking part.

In respect of future research to mitigate these limitations, firstly, in respect of the sample and secondly, in respect of the research being carried out closely with the participants' employer, there are a number of areas for possible development. In future research an anonymous survey could also be carried out to gain peoples' insights and interview participants could also be recruited through this method. The on- site research day was in the same location as the participants' employer when the interviews were being arranged, which may have compromised the participant's ability to speak freely. In respect of the sample, future research could explore the differences in experiences between males and female older workers by having a larger sample and also consider including a broader range of occupations and a broader geographical reach. This would enable any geographic differences, or occupational differences that exist in respect of attitudes to ageing and EWL, to be examined. Secondly, in respect of mitigating the challenges of older workers feeling compromised by the research being carried out in partnership with Co-op, in future more participation from older workers' themselves in delivering the research and co-designing the project could be advocated.

Further limitations to Phase Two were around the small sample size. A key limitation of qualitative research is, due to the small sample size, there is a lack of generalisability as discussed, although transferability to other settings is still possible (Anderson, 2010; Green & Thorogood, 2005; Taylor, Bogdan & DeVault, 2015). In this study the sample size was dictated by time and resource constraints, as is often the

case in qualitative research (Strauss & Corbin, 1998) and therefore, the point of theoretical saturation with a smaller sample size (n=15) for each study did not occur because new themes were still emerging. Future research would benefit from a larger sample and more time/resources.

# CHAPTER 7 DISCUSSION OF PHASE ONE AND TWO

## 7.1 Introduction

People are healthier and live longer today than previously, so it is important that older workers can extend their working lives. Therefore, there is an imperative to understand the barriers and facilitators to EWL. There has also been shown to be a paucity of research around factors facilitative to EWL in respect of intervention studies across the EU and in the UK. Researchers have argued that the complexities in respect of the barriers and facilitators require further understanding and this research answers the call for further exploration. This chapter will outline the aims, methods used, key findings and discussion points of the overall study. This chapter draws together the key findings from the earlier discussion sections, namely: the discussion of findings from study 1 and study 2 in Chapter 4 in Phase One; and the discussion of Phase Two (studies 3 and 4) findings in Chapter 6.

### *7.1.1 Discussion of the Overall Case Study Approach*

This study used a case study approach. A case study approach should be used when the focus of the study is answering 'how' and 'why' questions in a real-world context (Baxter & Jack, 2008; Crowe et al., 2011; Yin, 2003; 2013). As discussed in the overall methodology of this thesis (see section 3.1.3), the case study approach enabled understanding of extended working life in a retail business context, which in

the current case is within the Co-op. The PhD researcher was based on site one day per week and all the interviews, apart from one (this took place in the participant's own home), were in the 'real-world' work context (various retail store locations across Greater Manchester). This enabled a unique insight into the working lives of participants. Further strengths of the case study approach are that it can illustrate the process involved in causal relationships (Hodkinson & Hodkinson, 2001; Yin, 2003) and can facilitate rich conceptual or theoretical exploration (Hodkinson & Hodkinson, 2001; McLeod, 2008; Yin, 2003). These strengths are reflected in the rich findings of the mixed methods case study answering both 'why' and 'how' factors influence EWL, which will be summarised in section 7.2.

Limitations of using a case study approach also warrant discussion, for instance, at times, a large amount of data was generated, which has been highlighted as a feature of case study research (Hodkinson & Hodkinson, 2001; McLeod, 2008). The dataset used in phase 1 was large and comprised secondary data, meaning there were sometimes issues with missing or inaccurate data, which resulted in a lengthy data cleaning process. The results of the case study were complex and, also at times, difficult to represent simply, as is often the case with this research design (Hodkinson & Hodkinson, 2001). Further, the findings are not generalisable to all UK retail businesses as is a common problem in case study research (Hodkinson & Hodkinson, 2001; McLeod, 2008), although they could be extended to other co-operative retail businesses and other sectors (e.g. shift work), and in future research comparisons between contexts could also be made. Finally, case study approaches have been criticised for subjectivity and the level of researcher interpretation (e.g. being within the organisation one day a week may have meant that there could have been an 'insider' perspective to the research) (Hodkinson & Hodkinson, 2001; McLeod, 2008;

Walker, Read & Priest, 2013; Wiles, 2012), and they are difficult to replicate (McLeod, 2008). While it is acknowledged that it could be difficult to replicate the exact conditions of the current study, the research has uncovered important understanding for future research focussing on e.g. factors facilitative of EWL. Further, it has given insight to a large organisation and is transferrable to a large set of workers as the retail industry employed 2.8 million people in the UK in 2015, although the findings might be limited to co-operative business structures (Retail Economics, 2017). Finally, when considering the real-life context as an insider this could also be argued as an advantage when carrying out the qualitative component in respect of the interviews (Taylor, 2005). Although I could also be considered an outsider because I was based within the university for the majority of time.

The case study research followed the following aims, objectives and research questions working in collaboration with Co-op:

**Aim 1:** To identify key factors associated with working for longer, with a focus on health factors:

- **Objective 1:** to conduct an organisational secondary data analysis based on Human Resources (HR) data, including sickness absence, (based on three years' data; 2011-2013) regarding the health and ill-health of older staff., gender and other demographic and business factors (for example, job type and earnings) (study 1)
- **Objective 2:** to carry out a longitudinal analysis on a cohort of older workers from 2011-2013 of the relationships between employee health, gender and other demographic and business factors (for example, job type and earnings) and how these relate to extending working lives (study 2)

- **Objective 3:** to carry out an analysis of a number of factors, including sickness absence, gender and other business indicators contributing to retirement (study 2)

**Aim 2:** To understand perceptions of key factors that facilitate/inhibit people to remain in work for longer at the Co-op:

- **Objective 4:** to explore the perceptions of extending working life with employees aged 60 and over who are approaching/have reached or exceeded statutory pension age (study 3)
- **Objective 5:** to explore the voice of the older worker (with a focus on females) in relation to perceptions of extending working life (study 3)
- **Objective 6:** to explore the perceptions of working within a co-operative and the extent to which this makes a difference in extending work life (study 3 and 4)
- **Objective 7**: to explore with supervisors the value of older workers and how the organisation supports the requirements of the ageing workforce within the Co-op (study 4)

This chapter will also address objective three in order to answer aim three in Chapter 8, as below.

**Aim 3:** To develop recommendations to inform policy and practice in respect of ways of facilitating people to remain in work for longer:

- **Objective 8:** to synthesise the findings from phases one and two of the research to inform recommendations for policy and practice, highlighting potential areas of the business that might benefit most from investment in workplace health programmes

*Research Questions*

- What are the patterns of ill health among older workers?
- Does length of time at work (EWL) or time to retirement relate to job role, gender, pay, sickness type, region or full-time or part-time status?
- What are the key social factors that facilitate/inhibit extended working lives?
- What are the key workplace factors that facilitate/inhibit extended working lives?
- What are the key financial factors that facilitate/inhibit extended working lives?

## 7.2 Discussion of Overall Findings

### *7.2.1 Why this study was needed*

Worldwide, an increasing 'old age dependency ratio' has been reported (UN, 2015), which means a smaller proportion of working age people supporting a growing proportion of older citizens (Marmot, 2010). As a result of this rise, most EU Member States are carrying out pension reforms to EWL (European Commission, 2012; Department for Work and Pensions [DWP], 2014a) and in the UK further reforms and rises in SPA are envisaged. In order for the EWL policy to be effective, it is crucial that people remain healthy enough to continue to work in older age. This is emphasised by the fact that less than half of workers aged 55-64 years old in the EU are working and more than half leave work before the default retirement age (DRA) (Belin et al., 2016; Ilmarinen, 2012). Further, it has been evidenced that 42% of older workers (aged 50-64) were living with a health condition or disability (Clegg, 2017; Phillips, 2013). In this regard, at the outset of the study, the Co-op also identified a need for the study to focus on older workers, due to increasing levels of sickness

absence in this cohort. Therefore, there was both a business and societal imperative to understand the barriers and facilitators to EWL

In respect of Phase One, the rationale for why the study was needed was that in order for older workers to remain healthy in work for longer it is crucial to understand the complexities of EWL. Further, previous studies have highlighted that the impact of EWL or retirement on health is unclear due to contradictory findings (Behncke, 2012; Di Gessa et al., 2016; Kuhn, Wuellrich & Zweimuller, 2010; Sahlgren, 2013). The current study contributes to previous research by focussing on not only measures of the health of older workers in an increasingly ageing workforce (study 1), but also the impact of health on retirement or EWL (study 2).

In respect of Phase Two, the rationale for the study is that a range of complex issues related to older workers and EWL have been highlighted in previous qualitative research that require further understanding (see for example, Brown & Vickerstaff, 2011; Irving, Steels & Hall, 2005; Porcellato et al., 2010). Further, the findings from Phase One, discussed below, highlighted a need to understand these complexities in a female dominant workforce. There is also an established need to focus on supervisors' views about ageing and there is a lack of appreciation among employers regarding the value of older workers (CIPD, 2017b; Martin et al., 2014; Van Vianen, Dalhoeven & Pater, 2011). Therefore, Phase Two focuses on the subjective experience of older workers (study 3) and supervisors (study 4).

*7.2.2 What was done*

A large-scale analysis was carried out using an amalgamation of extensive existing HR data sourced from a number of databases, such as the annual salary analysis, leavers and new starters databases. This process of cleaning and sifting the data took over 12 months before a further 18 months of analysis, using master

datasheets, could begin. The time-consuming nature of case study approaches has previously been highlighted, particularly as a result of missing data, which makes secondary datasets difficult to analyse (Carneiro & Howard, 2011; Greenhoot & Dowsett, 2012), was a feature of this study. Much time was spent analysing data that subsequently changed due to further inconsistencies or anomalies. Nevertheless, the strengths of using secondary data have also been noted as having a lower probability of selection bias; recall bias and confounding variables (Carneiro & Howard, 2011; Greenhoot & Dowsett, 2012). The dataset used in the current research was a large dataset (N=76,379) and could be tracked using a unique identifiable employee number. This allowed for analysis across a range of variables (including health) longitudinally and their impact on EWL or retirement. Therefore, study 2 explored a range of variables such as gender, sickness absence, and job role, in terms of how they impact on extending working lives and retirement. Study 2 was carried out by using a discrete sample of workers aged 50 and over using a longitudinal dataset over 3 years (2011-2013) which followed a group of workers who were present at the start of 2011. The sample was divided into four subsets:

- At or over state pension age (SPA) and retired at some point in 2011--2013 (n=750)
- Early retiree (having retired prior to SPA at some point in 2011--2013) (n=176)
- Over SPA at some point in 2011--2013 and Extended Working Life (EWL) (n=3,557)
- Under SPA and still working (n=13,112)

As discussed, this allowed for the ‘what’ or problem definition element of the case study before guiding the ‘how’ and ‘why’ questions and the required focus (Baxter & Jack, 2008; Crowe et al., 2011; Yin, 2003; 2013).

The trends and patterns found in Phase One of the study informed Phase Two, which aimed to tease out the trends and patterns highlighted in the first phase. In this

regard, semi-structured interviews, focussed on females particularly to reflect the female dominant older workforce (study 3- interviews with older workers n=15; females n=12; males n=3) were carried out in Phase Two. In addition, during this phase the experiences of supervisors of older workers were explored through semi-structured interviews (study 4- interviews with supervisors of older workers n=15).

Overall, the study sought to contribute to the literature by understanding the perspectives of older workers and supervisors using a case study approach combining both quantitative (as discussed) and qualitative methods from a pragmatic epistemological viewpoint. The key findings of the both aspects of the case study will now be discussed along with the aims, in light of the overall findings.

### *7.2.3 What was found: Aim 1*

**Aim 1:** To identify key factors associated with working for longer, with a focus on health factors:

The key findings in respect of aim 1 was that 39% of all long-term sickness in the Co-op was taken by older workers although short-term absence was lower. This finding is important, as health issues have been shown to be one of the key reasons for retiring early (Humphrey et al., 2003; McNair et al., 2004; Phillipson & Smith, 2005; Loretto & White, 2006; Larsen, 2008; Porcellato et al. 2010; Brown & Vickerstaff, 2011; Rice et al. 2011; Aranki & Macchiarelli, 2013; De Preter et al., 2013; Weyman, Meadows, & Buckingham, 2013; Hofacker et al., 2016; Solem et al., 2016), and is an inhibitor of EWL. Further, the impact of EWL on health has been shown to be inconclusive (see for example, Gessa et al., 2016; Sahlgren, 2013). Increased levels of sickness absence in older workers has previously been found in the research literature (Donders et al., 2012; Ilmarinen, 2012; Taskila et al., 2015). The current findings support previous these findings suggesting older workers have deteriorating long-term

physical health (see for example, Donders, Bos, Van der Velden, & Van der Gulden, 2012; Taskila, Shreeve, Laghini & Bevan, 2015), but in fact that older workers also take less short-term sickness than younger workers (Donders et al., 2012; Ilmarinen, 2012).

Nearly three quarters (73%) of the whole workforce were operatives (i.e. those responsible for serving customers within the food stores, are the lowest earners within the food business [n=55,818]). This proportion was even higher in the older worker group at 77% (n=14,744). The global ageing population trend is reflected in the key findings from study 1, whereby the proportion of older workers across the workforce has increased since 2011 from 24% (n=17,947) to 25% (n=19,244). However, this study also found that the number of older workers who were new starters had gone down from 8% in 2011 to 3% in 2013, and this was particularly the case with males in supervisory roles. These low recruitment rates in older workers could suggest that negative attitudes or self-perceptions of colleagues (including of older workers themselves) and managers exist around ageing, which has previously been found in the literature (Loretto &White, 2006 Porcellato et al., 2010; Thorsen et al., 2012; van Solinge & Henkens, 2014).

In this case-study the majority of the older workforce were females 76% (14,596), female older workers were much more likely to be part-time (81%, n=11,746) and lower paid (average wage=£14,151) than older males (19% of whom were part-time; average wage=£17,902). This reflects trends nationally in respect of the gender pay gap and also presented an opportunity to understand the needs of older lower paid females, which previous research has called for (EOC, 2007; OECD, 2012; Payne & Doyal, 2010; Van Lancker et al., 2015). This is particularly pertinent, given

the need to increase the number of females who work for longer (Kadefors, 2013; Vandenberghe, 2013).

Gender based health issues were found in the current research and older females showed significant proportions of absence for mental ill health and increases in mental ill health sickness absence from 2011 to 2013, compared to males. It is difficult to ascertain, whether these increases relate to the fact that older female workers were more likely to be part-time, or the fact they are female. For example, a previous study found that female shift workers had a higher chance of becoming recipients of disability pension compared to males (Tuchsen et al., 2008). This study by Tuschen et al. (2008) could be compared to the health-related findings of the current study in a predominately female and part-time sample. The findings from the first study in Phase One, guided study 2. Firstly, the identified health issues, coupled with a number of social factors identified pertinent to older women (e.g. female older workers' over representation in less well paid and part-time roles) led us to examine the impact of these factors on extending working life.

The key findings from study 2 (Phase One) were firstly, there was a substantial number older workers over SPA who extended their working life in the business at some point between 2011 and 2013 (n=3,557; 20% of all workers aged 50 and over in the longitudinal data set from 2011-2013). However, female older workers, those in the North and North West of England region, and those with general debility had a significantly higher chance of retirement during 2-years follow-up (although females were also more likely to EWL due to the predominantly female sample). This confirms the findings of study 1 suggesting that health is a key barrier to EWL and supports the trends highlighted that 42% of older workers (aged 50-64) have a long-term health condition or disability (Clegg, 2017; Phillips, 2013). This also emphasised the need to

focus on older women in respect of EWL, which, as highlighted by the EU it is essential to lift the senior employment rates overall (Kadefors, 2013; Vandenberghe, 2013). Further, the geographic aspect of these findings, in that lower rates of EWL were found in the North and North West of England, ties in with trends in health inequalities in respect of disability free life expectancy (ONS 2014a; OECD, 2016), whereby high rates of ill health are associated with higher levels of deprivation. As Macnicol (2015) argues, current government policy in respect of EWL does not account for the health disparities (with health inequalities seen more so in the North of England). It is argued that these health inequalities will also be seen in being able to work for longer where the key barrier to EWL is ill health (Humphrey et al., 2003; McNair et al., 2004; Phillipson & Smith, 2005; Loretto & White, 2006; Larsen, 2008; Porcellato et al. 2010; Brown & Vickerstaff, 2011; Rice et al., 2011; Aranki & Macchiarelli, 2013; De Preter, Van Looy & Morlemans, 2013; Weyman, Meadows, & Buckingham, 2013; Hofacker, Schroder, Li & Flynn, 2016; Solem et al., 2016). This finding, informed the sampling in Phase Two of the study, which, although stratified to account for a range of socioeconomic areas, was selected from Greater Manchester in the North of England.

*7.2.4 What was found: Aim 2*

**Aim 2:** To understand perceptions of key factors that facilitate/inhibit people to remain in work for longer at the Co-op:

The key findings from the Phase Two suggest that there are particular physical challenges related to retail work exacerbated by deteriorating health and, which also have negative impacts on health. This supports previous findings (Banks & Casanova, 2003; DWP, 2014b; Haukenes et al., 2011; Ilmarinen, 2012), suggesting older workers face physical challenges that require adjustments in the workplace e.g. in respect of

manual work. This builds on the findings from Phase One highlighting that older workers have specific workplace health needs e.g. in respect of MSDs and other long-term health needs. Findings from Phase Two highlighted the perception that these physical challenges could be mitigated against with a range of measures such as flexibility and choice around hours and type of work (e.g. concentrating older workers on the customer service aspect of work).

Positive attitudes to EWL and the perception that older workers had around work being 'good' for health, which was found to be perceived as a key facilitator to EWL. This notion that older workers perceive work to be good for health also supports previous research suggesting that 'good' work is positive for health and wellbeing (Waddell & Burton, 2006). Further, Johnson, Holdsworth, Hoel and Zapf (2013) found increased use of emotional control and active coping in older workers, had a greater positive effect on emotional exhaustion and cynicism compared to younger employees. The study carried out by Johnson, Holdsworth, Hoel and Zapf (2013) was carried out in a retail context, as with the current case study, and was found to be particularly pertinent to customer service. This suggests that the customer service aspect of work, as well as active coping measure, could potentially be harnessed in future to reduce stress and mental ill health episodes.

Following the lower recruitment rates in the Co-op of older workers found in Phase One, exploration in Phase Two confirmed that negative attitudes or perceptions of colleagues (including of older workers themselves) and managers exist in respect of older workers around a preference for younger colleagues. Negative perceptions have previously been identified as barriers to EWL e.g. negative or ageist attitudes regarding the functionality, motivation and productivity of older workers (Loretto &White, 2006 Porcellato et al., 2010; Thorsen et al., 2012; van Solinge & Henkens,

2014). Conversely, positive self-perceptions of ageing have been shown to be beneficial to health (Sargent-Cox, Anstey & Lusczcz, 2012) and positive self-perceptions of ageing were evident in Phase Two from the interviews with older workers, suggesting that positive perceptions could be harnessed to improve health and wellbeing. Phase Two has uncovered positive findings surrounding the perceived value of older workers' contribution to the community and social role aspect of retail (i.e. customer service). Further, the value of older workers was also recognised by supervisors in respect of loyalty and reliability. This lends support for positive stereotypes in the workplace (Harris, Krygsman, Waschenko & Rudman, 2017; Harper, 2006; Hollywood & McQuaid, 2007; McGregor & Gray, 2002). Further, the current findings suggesting that the value of older workers could be a key facilitator to EWL, supports the idea that using positive perceptions can challenge negative perspectives and have an impact on intention to EWL (Bowen & Staudinger, 2012). The current finding showing a perceived value of harnessing the strengths of older workers, supports previous research suggesting that recognition and sufficient use of knowledge, skills and experience at work increases EWL (Larsen, 2008).

An emergent finding was around the community and social aspect of work relating to the equity and fairness within the Co-op, as well well as its long history in the community and the value older workers report gaining in this regard, which could be applicable to other settings. For example, it has been argued that public health interventions for older workers should focus on facilitating social capital (Koutsogeorgou et al., 2014). The current findings regarding the position of older workers as integral to the community, through a long length of service and developed customer service skills, adds strength to this argument. Further, the social role of work

as a facilitator to EWL has been shown in previous studies and the current findings support this idea (Laine et al., 2014; Loretto & White, 2006).

A number of practical workplace factors that were felt to support older workers were identified in the current study, which had been previously identified in the literature. A central theme was around the support and respect received from the organisation e.g. highlighting training opportunities particularly harnessing the role of front line management, as well as age diversity management in respect of connecting differing viewpoints. This would support previous research findings suggesting that the support received from front-line management and training around age diversity management is a key facilitator to EWL (van Solinge &Henkens, 2014; Wallin & Hussi, 2011). The majority of supervisors described the need for stores to be flexible and make workplace adjustments to mitigate the physical challenges older workers sometimes present with e.g. accommodating older workers in customer service roles on the kiosk or lighter duties, or being mindful of shifts so that younger colleagues can lend support if needed, e.g. when stock is being delivered. As established in the introduction of this thesis, approximately 30% of men and women aged 50–64 years are estimated to need urgent adjustments at work for health reasons to prevent the risks of early retirement and work disability (Ilmarinen, 2012). The current research supports this assertion by the findings suggesting that workplace adjustments are a perceived facilitator to EWL when deteriorating physical health is a barrier. Further, a life-course approach to having an 'on-going' conversation with older workers was perceived in the current research as a facilitator to EWL by older workers and supervisors, which echoes the view of researchers around supporting older workers across the life-course (Wallin, 2016; Wallin & Hussi, 2016).

In this study working hours' satisfaction was perceived as being particularly important for older workers in respect of having flexibility and a choice over shifts, which supports previous research (Harris & Higgins, 2006 cited in Yeomans, 2011; Larsen, 2008; Tuchsen et al., 2008). This is also consistent with previous research around the need for flexibility at work (Aranki & Machiarelli, 2013; Boehm, Schroeder & Kunze cited in Burke, 2017; Harper & Hamblin, 2014; Reeuwijk et al., 2013, Weyman et al., 2013) and that a lack of flexibility and choice at work can act as barrier to EWL (Loretto and White, 2006; Maitland, 2010; Phillipson & Smith, 2005; Reeuwijk et al., 2013). Further, Crawford et al. (2010) found that older workers should have a choice of preferred shift, reducing their workload, shortening working hours and/or increasing rest periods because shift work can be detrimental to older workers' health (Harris & Higgins, 2006 cited in Yeomans; Tuchsen et al., 2008). The current findings also suggest that older workers tend to have a preference for morning shifts so it would be worth exploring the value of having a choice of when to work, to increase EWL. In a female dominant older workforce with specific health needs e.g. increasing rates of mental ill health from 2011 -2013, as study 1 highlighted, the need to be flexible is also emphasised. This is particularly the case when considering older females have increased caring responsibilities (Fernandez-Ballesteros et al., 2011; Griffiths et al., 2009; Payle & Doyal, 2010) and CIPD (2017) recommend that businesses should be flexible to this need. This could also be related to the fact that female older workers were much more likely to be part-time (81%, n=11,746) than older males (19% of whom were part-time) in the current case study. Finally, a number of financial drivers to EWL were perceived by females in relation to SPA and the necessity to work past state pension age e.g. due to career breaks and inadequate pension contributions. This runs in parallel with the recent policy changes to SPA

impacting on women and the current study suggests that females felt the financial necessity to work had impacted on them due to these increases in SPA age (DWP, 2014a).

The current case study has highlighted the needs of older females in an increasingly ageing workforce. It is suggested that interventions should be tailored to take into account some of the challenges females face such as caring responsibilities. In addition, policies or interventions that work to reduce gender based inequalities across the life-course could be implemented (Altman, 2015) e.g aimed at implementing fairer pay and the living wage (Living Wage Foundation, 2016). Further, in a workforce made up of predominately older females, the current study has shown that considering physical roles and changing functioning with age, particularly with older females, making necessary adjustments appears to be necessary in order to EWL. The overall contribution to the knowledge base and evidence based recommendations will now be set out in Chapter 8.

# CHAPTER 8 Conclusions & Recommendations

## 8.1 Introduction

The conclusions from the overall findings, along with the evidence set out in the literature review of this thesis have informed the recommendations for action for the Co-op, as well as recommendations for wider practice, government policy and research (answering aim 3 and objective 8 of this thesis). This chapter will be presented in two sections comprising a discussion of the conclusions and associated recommendations that reflect key 1) barriers to EWL and 2) facilitators to EWL. Before this the overarching contribution of this case study research to the knowledge base will be highlighted.

The key contributions this case study makes to the existing knowledge base are firstly, to add to the paucity of research on the factors that facilitate EWL by focussing on EWL, rather than just retirement. Secondly, the research builds on previous work by focusing on the voices of older females (following findings from studies 1 and 2), which uncovered gender specific issues such as caring responsibilities and the need to be flexible to meet these needs. A gap was identified in the literature review specifically relating to older women's individual needs as identified in the rationale of this thesis on p.10. Therefore, the current research answers the call to focus on gender within retirement and extending working life research. The overall findings of the case study suggest that structural factors exist, such as the gender pay gap, which disadvantages women, while the nature of work itself differs by gender and can have a negative impact on health.

Next, the current study uncovers the experiences of supervisors of older workers, and again contributes to the knowledge base by responding to a gap in the

literature, in respect of supervisors' perspectives of older workers (see rationale on p. 10). Here supervisors' perceived value of older workers was highlighted as a strong theme from Phase Two, which will be discussed further in section 8.3, and a range of workplace factors were highlighted that might facilitate EWL. The perceived positive value of older workers initially contradicts evidence suggesting older workers are not valued in the workplace (CIPD, 2017b; Martin et al., 2014; Van Vianen, Dalhoeven & Pater, 2011). However, coupled with evidence in the current research suggesting decreasing recruitment levels of older workers, this highlights a need for improvement.

Lastly, the context of this study as a cooperative adds unique insight to the knowledge base, highlighting that the history and community context of the organisation is of key importance to older workers. In this regard, older workers and supervisors relayed feelings of job satisfaction associated with the 'family' feel to being part of the Co-op, which was seen as facilitative to EWL. This builds on previous research surrounding equity and social enterprises as conducive for employee wellbeing.

The factors perceived to enable EWL and promote the value of older workers will now be discussed, as well as the practical steps the business can put in place to remove some of the barriers to working for longer. Further, policy implications are discussed in order to promote the understanding of the value of age in the workplace and across society, and suggestions for further research are considered.

## 8.2 Key Barriers to EWL

Phase One has evidenced an increasing number of older workers in the Co-op, although this is alongside a decreasing proportion of older workers being recruited. This was particularly the case with older males in supervisory roles, and the majority

of older workers were in lower paid operative roles. Most older workers in the business were female 76% (14,596) who were much more likely to be part-time (81%- n=11,746 of older females were part-time) and lower paid (M=£14,151) than older males (38%- of older male workers were part-time; M=£17,902). This is consistent with national trends whereby females were predominantly found in lower paid and part-time roles, and reflects the need to address this gender disparity in the workplace. The findings in relation to fewer older new starters being recruited could reflect the need for a focus on addressing ageist or discriminatory attitudes in the recruitment process and in the workplace in general. However, the disparities in recruitment level by gender and job role (e.g. decreases in levels of male supervisors being recruited) suggest a need to monitor patterns in recruitment levels of older workers further by specifically comparing males and females across a range of jobs roles. This will be discussed along with the recommendations for future research.

Phase Two of the current study showed that older workers might be perceived by supervisors and younger colleagues as less able to cope with a fast-paced environment, while supervisors and older workers themselves acknowledged the perceived positive value of older workers. In conclusion, coupled with the finding of the current research showing decreasing levels of recruitment of older workers across the business; there is a current need to champion older workers at an organisational level specifically around recruitment of older workers. The extent to which the organisational culture champions older workers' needs also has implications for the health and wellbeing of older workers, as identified in previous research. Therefore, it is recommended that workplace and government policy should build the foundations to support an age-friendly recruitment strategy and monitor the number of older new starters and training opportunities offered to older colleagues. Future research should

also compare and contrast differences in recruitment levels of older workers by sector or occupation, which will be discussed along with the recommendations for future research in section 8.6.

Older workers were found to have more long-term health needs than their younger colleagues, such as back problems and musculoskeletal disorders, but took less short-term sickness absence, which is consistent with the literature. In a majority older female population, women experienced more mental ill health. Increases in sickness absence as a result of mental ill health between 2011 and 2013 were observed in the older female population, which is also consistent with the literature. However, it is possible that this finding is more reflective of older females being in part-time and lower paid shift work, rather than them being female per se. Furthermore, these figures could be related to higher levels of caring responsibilities experienced by older females. This highlights the need for government policy to put measures in place to reduce the gender inequalities seen across the life-course. This is particularly the case where socioeconomic factors, i.e. being based in the North West of England where there are disparities in DFLE, compound gender inequalities. However, further research to compare geographical areas in respect of EWL is recommended.

Female older workers, unsurprisingly due to differences in SPA, were shown to be more likely to become a retiree during two years' follow-up, while males retired earlier. However, females were also more likely to EWL (unsurprising due to the proportion of older females) and operatives (the majority of whom were female) were shown to EWL more so than other older workers. This emphasises the need to work with older women to create policies aimed at reducing gender inequalities across the life-course e.g. to allow for female's increased levels of career breaks and eliminate unfair negative consequences for pension entitlement. The research literature shows

that currently women tend to exit the labour market earlier than men, however, changes in the state pension age are resulting in women being required to work for as long as men in most countries. For older workers (particularly women) to remain healthy at work, workplaces need to consider a range of interventions, including flexible arrangements to both work and retirement to enable women to balance the demands of work with domestic and caring responsibilities that particularly impact on them. Therefore, along with the overall findings of this thesis presented in this chapter, there is a need to address the gendered context to these findings in policy, practice and research.

Health was found to be the most commonly experienced barrier to extended working lives by older workers and supervisors, but it was felt that flexibility and choice at work could mitigate this, mirroring previous studies. A key recommendation to the business is to support and encourage employers through policy aimed at addressing the key barriers to EWL, to embed workplace implementation of flexible working practices and methods to target workplace level adjustments in order to mitigate the physical challenges of work. This will be discussed further in the next section along with the key facilitators to EWL. Finally, older workers in the North of England were shown to retire earlier perhaps reflecting disparities in DFLE, which is also indicative of a fundamental inequality of power in respect of money and resources.

Key barriers related to flexibility at work identified in the current research were in respect of shifts patterns and also in respect of the role itself, which it was felt could be adapted further to meet the challenges of an ageing population and deteriorations in physical ability e.g. prolonged standing. Older workers and supervisors identified a number workplace factors that they felt could be effective in promoting EWL. The

current research supports previous evidence for a need for workplace adjustments. Therefore, it is recommended that the business explore methods of reducing the barriers to EWL in older workers by setting up a working group to look at opportunities for flexible working policies tailored for the older workforce and opportunities for workplace adjustments that account for the needs of older workers. Further, this should be embedded within government policy to support business to support an ageing workforce so that older workers can stay healthy in the workplace for longer.

The findings of the current research showed that older workers themselves and supervisors perceive a lack of choice to shift length and time of shift (e.g. night shifts) as a key barrier to EWL. This supports previous research demonstrating that a lack of flexibility and choice at work is a key barrier to EWL. A lack of choice to workflow was also described by older workers and supervisors regarding task responsibility and task distribution. In respect of policy recommendations, these key barriers suggest the need to implement methods of promoting further understanding of the needs of EWL across society. For instance, through the implementation of ongoing conversation frameworks to foster healthy and active ageing across the life-course, flexible working initiatives, and exit interviews of older workers to explore how the environment could be better adapted to meet their needs.

A lack of understanding or respect from younger colleagues was perceived by a number of older workers. This perhaps highlights a need to harness positive older workers stereotypes, as shown in previous research, and carry out work to bridge the disconnect between the generations. The literature suggests that management of age diversity and cultural norms about ageing in the workplace is a key facilitator to EWL and the current findings suggest a perceived need for this (discussed in section 8.3).

Further, a perceived need for implementing training for colleagues and front line management around the needs of older workers was identified in the current research and supports previous findings evidencing such a need. Around half of all supervisors felt that the support and respect received from supervisors could be a key barrier to EWL, if age was seen as a restriction. This also builds on previous evidence, which has highlighted that interventions aimed at improving older workers' health should include a focus on perceptions of ageing and to challenge beliefs about ageing. Further, the supervisor role has been shown to be pivotal in mediating older workers attitude to EWL. Therefore, it is recommended that policy should focus on development and implementation of training for managers and colleagues around the key barriers (and facilitators) to EWL.

In sum, perceived barriers to EWL in this study were identified in respect of:

- ill health and work itself impacting on health acting as a barrier to EWL
- negative perceptions around the value of older workers e.g. in respect of productivity and the physically strenuous nature of work
- intergenerational barriers (across the generations from young to old and addressing possible imbalances in viewpoints)
- lack of flexibility and choice
- caring responsibilities acted as a barrier to EWL.

The next section will now discuss the key conclusions relating to the key facilitators to EWL along with the recommendations for action.

## 8.3 Key Facilitators to EWL

The perceived value of older workers was evidenced from Phase Two by supervisors in respect of loyalty, reliability and older workers' strengths at customer service. This builds on previous findings both in relation the need to value older workers' skills and research suggesting that positive attitudes to older workers exist in the workplace from the perspective of a number of supervisors. However, a disconnect was also perceived between older and younger colleagues therefore highlighting a

need to harness positive older workers stereotypes. This supports research suggesting that best practice should focus interventions on challenging workplace perceptions on ageing as well as addressing intergenerational issues. Therefore, it is recommended that the business promote diversity and appoint ‘age champions’ business-wide. Further, the business should initiate an age focused network with a range of stakeholders (including older workers and younger workers) and should consider an intergenerational participatory exchange project to facilitate mutual respect across the generations.

A key unexpected finding of Phase Two was that the community aspect of the retail role, geographically within the local community, and older workers’ length of service, was a key perceived facilitator to EWL. The cooperative nature of the organisation in respect of increased equity and social capital was also perceived to be a key facilitator to EWL. This builds on previous research suggesting that equity is seen as beneficial for employee wellbeing, and social capital is shown to increase employee health and wellbeing. The current research supports this notion in that older workers perceived a beneficial impact of the organisation’s history as a cooperative. This leads to the recommendation that the business should harness the importance of the social and community role of work for older workers e.g. involve older workers in reaching out to colleagues and the wider community. The business should also develop initiatives aimed at improving wellbeing and occupational health through increasing emotional resilience and social capital.

In the current research, a key recurring theme from the majority of older workers and supervisors was that respect and a positive attitude to older workers was perceived to be a key facilitator to EWL. A number of supervisors felt that older workers needed to be listened to and their skills and experiences should be respected.

This supports previous research suggesting that older workers are more likely to EWL if they are given recognition and sufficient use of knowledge, skills and experience at work. It is therefore recommended for practice that the Co-op work together as a business and with key partners (e.g. University of Salford) to champion the skills and experience of an older workforce. Firstly, by promoting the benefits of having older workers within the workforce through an age-positive campaign. Specifically, it is recommended that the business promote the added value of older workers e.g. their social skills, reliability and confidence in dealing with customers and difficult situations. Secondly, the business should work together to champion older workers by highlighting positive perceptions of ageing e.g. age as 'just a number', as well as by sharing positive stories and experiences of older workers. Further, it is recommended that the business recognise and reward older workers' skills in customer service, their years of service and loyalty to the Co-op, to amplify the supervisor role in supporting EWL and challenge common myths about older workers. Government policy should also establish methods of improving recognition and reward of older workers' experience and length of service in the workplace, as well as ways of increasing levels of recruitment of older workers.

From Phase Two, it was also evident that older workers who were already EWL in the Co-op had a perception of understanding the value of healthy EWL. This could be potentially harnessed by businesses when addressing the challenges of an ageing workforce. The current research builds on previous evidence highlighting that interventions aimed at improving older workers' health should include a focus on perceptions of ageing and challenging beliefs about ageing. Implications for policy are suggested around promoting the understanding of the value of EWL across society. This could be achieved by providing evidence based policy guidance aimed at

embedding a recognition of the value of age within the workplace and the positive impact of EWL for health and wellbeing.

Support from management to EWL has been shown to be a key facilitator to older workers continuing work post traditional retirement age in previous research, which is echoed in the current study. The extent that the organisational culture champions older workers' needs also has implication for the health and wellbeing of older workers, as identified in previous research. Working together within The Co-op to foster healthy extending working lives and to champion ageing is crucial. The current research supports the idea that the supervisor role is pivotal in mediating older workers attitude to EWL and support from management is also crucial. Therefore, it is recommended that the business work together to implement an 'extended working life' awareness raising programme. Specifically, to develop a campaign to promote the benefits (health/social/financial) of extending working lives across the Co-op and to co- develop training for all colleagues including managers and younger employees around the key facilitators (and barriers) to EWL.

Previous evidence has shown that shift work in itself can be detrimental to the health and well-being of older workers. To counter this problem, previous research has found that where necessary, older workers should have a choice of preferred shift, reducing their workload, shortening working hours and/or increasing rest periods. The findings of the current study support these findings in that older workers themselves and supervisors have identified choice to shift length and time (e.g. a preference for mornings shifts) as a key facilitator to EWL. Previous research has shown that where older workers are engaged in shift work, to facilitate healthy EWL, shifts should limit night work for employees aged over 45, allowing older workers to prioritise to transfer to day work. The current research also builds on these findings whereby a choice for

daytime shifts, as well as an overwhelming preference for morning shifts was voiced by both older workers and their supervisors. Further to this, working hours' satisfaction has previously been shown to be a facilitator to EWL, which is supported by the current research in respect of employees' perceptions of being satisfied with working hours as a facilitator to EWL. Across the working age population, flexible working has been identified as beneficial for mental wellbeing, but this is especially so in respect of extended working life. In the current study, older workers and supervisors identified that there needs to be an ongoing conversation in respect of tailoring flexibility and shifts towards older workers' needs, which supports previous findings regarding implementing flexible working successfully. Therefore, it is recommended that workplaces should ensure working practice is flexible across the life-course to meet the needs of an ageing workforce e.g. a preference for morning shifts. Further, workplaces and government policy should embed methods to explore opportunities for workplace adjustments and pilot methods to meet the needs of older workers, which will also be explored further in the recommendations for future research.

Taking a life-course perspective to supporting EWL is suggested by previous research and this is was mirrored in the current study whereby it was perceived that older workers needed tailored support but did not want to be treated differently from other members of the team. This was particularly around the need for having an ongoing conversation across the life-course in the workplace, which should allow for flexibility to meet their needs in respect of EWL. This builds on previous research and is consistent with a life-course perspective where age is seen as just one form of diversity so everyone feels empowered. Therefore, it is recommended for government policy and practice that workplaces should introduce ongoing conversation frameworks to foster healthy and active ageing across the life-course. Here workplaces

should be supported to introduce ongoing conversation frameworks to foster healthy and active ageing across the life-course, as well as carrying out exit interviews of older workers to explore how the environment could be better adapted to meet their needs. Government policy should also respond to the needs of an ageing workforce by developing policy frameworks to embed co-produced workplace solutions that address the challenges and opportunities presented by extended working life.

Finally, financial factors also acted as a driver to EWL whereby females described a lack of choice in EWL through necessity to work due to changes in SPA. This has implications for policy in relation to females and career breaks that might mean the necessary state pension allowance have not been accrued due to insufficient contributions. Therefore, policy recommendations are made to support work with older women to create tailored policy aimed at reducing gender inequalities across the life-course. For example, to allow for female's increased levels of career breaks and eliminating unfair negative consequences for pension entitlement Further, employers should be encouraged to support the needs of females such as through flexible working practices to meet females' disproportionate burden of caring responsibilities.

In sum, the key facilitators to EWL found in the current study were:

- The perception that older workers are of value to the business e.g. in respect of reliability, loyalty and having better customer service skills
- Flexibility and choice e.g. the offer of morning shifts
- The need for an ongoing conversation across the life-course
- The community aspect of work as a facilitator to EWL
- The cooperative structure of the organisation as a facilitator to EWL
- Financial necessity to EWL

The following recommendation for action have been devised for practice, policy and research. These should be considered to address the need to EWL for individuals, workplaces and society.

## 8.4 Recommendations for Practice

Firstly, in respect of recommendations for practice for the Co-op, the following were recommended to the business, which can be applied to wider practice:

1. **Recommendation:** Work together to champion the skills and experience of an older workforce:

- Promote the benefits of having older workers within the workforce through an age-positive campaign. Highlight positive perceptions of ageing e.g. age as 'just a number', rather than a barrier to work. Share positive stories and experiences of older workers in the business.
- Promote the added value of older workers e.g. their social skills, reliability and confidence in dealing with customers and difficult situations.
- Appoint 'age champions' business-wide and initiate an age focused network with a range of stakeholders (including older workers and younger workers).
- Develop an age-friendly recruitment strategy and monitor the number of older new starters and training opportunities offered to older colleagues.

2. **Recommendation:** Work together to implement an 'extended working life' awareness raising programme:

- Develop a campaign to promote the benefits (health/social/financial) of extending working lives across the Co-op.
- Develop training for all colleagues including managers and younger employees around the key barriers and facilitators to EWL.

3. **Recommendation:** Recognise and Reward Older Workers:

- Recognise and reward older workers' skills in customer service, their years of service and loyalty to the Co-op.
- Harness the importance of the social role of work and community for older workers e.g. involve older workers in reaching out to colleagues and the wider community.
- Amplify the supervisor role in supporting EWL and challenging common myths about older workers. Consider an intergenerational participatory exchange project to facilitate mutual respect across the generations.

4. **Recommendation:** Explore ways of reducing the barriers to EWL in older workers:

Set up a working group (that includes older workers) to:

- Explore the opportunities for flexible working policies tailored for the older workforce
- Explore the opportunities for workplace adjustments that account for the needs of older workers.
- Develop initiatives to reduce barriers to EWL e.g. aimed at improving wellbeing and occupational health through increasing emotional resilience and social capital.

## 8.5 Recommendations for Government Policy

For workplace and wider policy, the following recommendations have been devised based on the research findings:

1. **Recommendation:** Promote the understanding of the value of age in the workplace and across society:

Through policy guidance aimed at:

- Embedding a recognition of the value of age within the workplace and the positive impact of EWL for health and wellbeing.
- Improving recognition and reward of older workers' experience and length of service in the workplace, as well as increasing levels of recruitment of older workers.

2. **Recommendation:** Develop policy to support the needs of older females:
   - Work with older women to create policy aimed at reducing gender inequalities across the life-course e.g. to allow for female's increased levels of career breaks and eliminating unfair negative consequences for pension entitlement
   - Encourage employers to support the needs of females e.g. through flexible working practices to meet females' disproportionate burden of caring responsibilities

3. **Recommendation:** Support and encourage employers through policy aimed at addressing the key barriers to EWL:
   - Devise policy aimed at embedding workplace implementation of flexible working practices and methods to target workplace level adjustments in order to mitigate the physical challenges of work by:
   - Ensuring working practice is flexible across the life-course to meet the needs of an ageing workforce.

4. **Recommendation:** Promote further understanding of the needs of EWL across society through:

Devise policy frameworks to embed co-produced workplace solutions that address the challenges and opportunities presented by an ageing population e.g.

- Undertake co-developed training including for managers and younger employees around the key barriers and facilitators to EWL.
- Introduce ongoing conversation frameworks to foster healthy and active ageing across the life-course.
- Carry out exit interviews of older workers to explore how the environment could be better adapted to meet their needs.

## 8.6 Recommendation for Future Research

There are several key areas that future research should focus on. Broadly speaking, future research should involve carrying out large-scale surveys and further qualitative studies to understand the needs of older workers further and explore the barriers to EWL in the workplace. There is a breadth of understanding still required across different sectors and demographics, so both quantitative and qualitative methods should be explored in more contexts investigating a range of variables. Specifically, as discussed in section 8.2, there is a need to explore the differences in experiences between males and female older workers by widening the sample, based on differences in lower levels of recruitment of older workers by job role (with male supervisors being negatively affected more than females). However, females have been shown to be negatively impacted by the gender pay gap and there are other disparities seen in women's work over the life-course. Therefore, there is a need to systematically monitor workplace and retirement trends across the workforce by gender through collection of HR data and other key data, such as sickness absence and engagement. Although also a strength, it could be considered a key weakness of the current study

that the sample was made up of predominately females, so by broadening the sample more insight might be uncovered in respect of both males and females, and their potentially different needs.

Due to the sample being based in Greater Manchester and within food retail, there is a need to include a broader range of occupations and geographically. Here it would be useful to compare and contrast barriers, facilitators and methods used to EWL by occupation and sector. Further, interventions aimed at increasing the key facilitators to EWL could be evaluated, and compared and contrasted across a range of sectors. Further investigation could be carried out more widely across a range of sectors to explore the view of older workers and supervisors of EWL in more depth. These studies should focus on exploring the practical nature of implementing interventions in workplaces such as flexible working options and championing age friendly methods.

Participatory action research has been shown in the literature as beneficial for increasing social capital, equity and implementing change projects. Further, the research has uncovered the voices of older lower paid workers, which is crucial in health research. Therefore, it is recommended that future research should build on this and explore methods of involving older workers in co-designing and delivering workplace research by setting up working groups with older workers to develop the agenda for EWL research strategy. Through this, organisations could gain further insight, whilst embedding a culture of equity, co-design and participation with older workers and other colleagues at the centre of research.

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# Appendix (i): MS Access Linking Relationships

## Appendix (ii): SPSS Syntax for New Variable (study 2) to classify those in the over 50 cohort who EWL or Retired

```
DATASET ACTIVATE DataSet1.

DO IF (Age_2011>=65 AND Gender=1.0).

RECODE leave_reason_2011 (4=1) (7=1) (12=1) (13=1) (41=1) INTO
Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF (Age_2011>=60 AND Gender=0.0).

RECODE leave_reason_2011 (4=1) (7=1) (12=1) (13=1) (41=1) INTO
Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DATASET ACTIVATE DataSet1.

DO IF (Age_2011<65 AND Gender=1.0).

RECODE leave_reason_2011 (4=2) (7=2) (12=2) (13=2) (41=2) INTO
Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF (Age_2011<60 AND Gender=0.0).

RECODE leave_reason_2011 (4=2) (7=2) (12=2) (13=2) (41=2) INTO
Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF  (Age_2011>60 AND Gender=0.0).

RECODE leavers_status_2011 (1=3) INTO Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF  (Age_2011<60 AND Gender=0.0).

RECODE leavers_status_2011 (1=4) INTO Retiree_EarlyRetiree_EWL_Other.
```

```
END IF.

EXECUTE.

DO IF  (Age_2011>65 AND Gender=1.0).

RECODE leavers_status_2011 (1=3) INTO Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF  (Age_2011<65 AND Gender=1.0).

RECODE leavers_status_2011 (1=4) INTO Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

* Encoding: UTF-8.

DATASET ACTIVATE DataSet1.

DO IF  (age_yr_2012>=65 AND Gender=1.0).

RECODE Leave_reason_2012 (4=1) (7=1) (12=1) (13=1) (41=1) INTO
Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF  (age_yr_2012>=61 AND Gender=0.0).

RECODE Leave_reason_2012 (4=1) (7=1) (12=1) (13=1) (41=1) INTO
Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DATASET ACTIVATE DataSet1.

DO IF  (age_yr_2012<65 AND Gender=1.0).

RECODE Leave_reason_2012 (4=2) (7=2) (12=2) (13=2) (41=2) INTO
Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF  (age_yr_2012<61 AND Gender=0.0).
```

```
RECODE Leave_reason_2012 (4=2) (7=2) (12=2) (13=2) (41=2) INTO
Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF  (age_yr_2012>61 AND Gender=0.0).

RECODE leaver_status_2012 (1=3) INTO Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF  (age_yr_2012<61 AND Gender=0.0).

RECODE leaver_status_2012 (1=4) INTO Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF  (age_yr_2012>65 AND Gender=1.0).

RECODE leaver_status_2012 (1=3) INTO Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF  (Age_yr_2012<65 AND Gender=1.0).

RECODE leaver_status_2012 (1=4) INTO Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DATASET ACTIVATE DataSet1.

DO IF  (age_yr_2013>=65 AND Gender=1.0).

RECODE Leave_reason_2013 (4=1) (7=1) (12=1) (13=1) (41=1) INTO
Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF  (age_yr_2013>=62 AND Gender=0.0).

RECODE Leave_reason_2013 (4=1) (7=1) (12=1) (13=1) (41=1) INTO
Retiree_EarlyRetiree_EWL_Other.

END IF.
```

EXECUTE.

DATASET ACTIVATE DataSet1.

DO IF  (age_yr_2013<65 AND Gender=1.0).

RECODE Leave_reason_2013 (4=2) (7=2) (12=2) (13=2) (41=2) INTO Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF  (age_yr_2013<62 AND Gender=0.0).

RECODE Leave_reason_2013 (4=2) (7=2) (12=2) (13=2) (41=2) INTO Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF  (age_yr_2013>62 AND Gender=0.0).

RECODE leaver_status_2013 (1=3) INTO Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF  (age_yr_2013<62 AND Gender=0.0).

RECODE leaver_status_2013 (1=4) INTO Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF  (age_yr_2013>65 AND Gender=1.0).

RECODE leaver_status_2013 (1=3) INTO Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

DO IF  (Age_yr_2013<65 AND Gender=1.0).

RECODE leaver_status_2013 (1=4) INTO Retiree_EarlyRetiree_EWL_Other.

END IF.

EXECUTE.

**Appendix (iii): SPSS Syntax for Sickness Absence Proportionate Figure v12**

*Date and Time Wizard: Leaver_fraction.

COMPUTE  Leavers_fraction=(New_Actual_Separation_Date - Year_end) / time.days(1).

VARIABLE LABELS  Leavers_fraction "Fraction of Leaver's time from Year End".

VARIABLE LEVEL  Leavers_fraction (SCALE).

FORMATS  Leavers_fraction (F8.2).

VARIABLE WIDTH  Leavers_fraction(8).

EXECUTE.

COMPUTE Leavers_fraction=Leavers_fraction/365.25.

EXECUTE.

* Date and Time Wizard: New_starter_fraction.

COMPUTE  New_starters_fraction=(Year_end_2013 - Hire_Date) / time.days(1).

VARIABLE LABELS  New_starters_fraction "New_starters_fraction".

VARIABLE LEVEL  New_starters_fraction (SCALE).

FORMATS  New_starters_fraction (F8.2).

VARIABLE WIDTH  New_starters_fraction(8).

EXECUTE.

COMPUTE New_starters_fraction=New_starters_fraction/365.25.

EXECUTE.

* Date and Time Wizard: starters_leavers_fraction_of_full_year.

COMPUTE  starters_leavers_fraction_of_full_year=(New_Actual_Separation_Date - Hire_Date) / time.days(1).

VARIABLE LABELS  starters_leavers_fraction_of_full_year "starters_leavers_fraction_of_full_year".

VARIABLE LEVEL  starters_leavers_fraction_of_full_year (SCALE).

FORMATS  starters_leavers_fraction_of_full_year (F8.2).

VARIABLE WIDTH  starters_leavers_fraction_of_full_year(8).

```
EXECUTE.

COMPUTE
starters_leavers_fraction_of_full_year=starters_leavers_fraction_of_full_year/365.25.

EXECUTE.

IF  (Hire_Date <=Year_end) Leavers_multiplier=Leavers_fraction.

EXECUTE.

IF  (Hire_Date >Year_end)
starters_leavers_fraction_of_full_year_multiplier=starters_leavers_fraction_of_full_year.

EXECUTE.

EXECUTE.

IF  (Hire_Date >Year_end) New_starters_fraction_multiplier=New_starters_fraction.

EXECUTE.

COMPUTE New_starters_fraction_multiplier=New_starters_fraction*FTE_equiv_fraction.

EXECUTE.

COMPUTE
starters_leavers_fraction_of_full_year_multiplier=starters_leavers_fraction_of_full_year*FT
E_equiv_fraction.

EXECUTE.

COMPUTE Leavers_multiplier= Leavers_fraction*FTE_equiv_fraction.

EXECUTE.

DO IF (New_starters_status=2.0 AND Leaver_status=1.0).

COMPUTE
S_Absence_Hours_NEW=(SumOfNew_abs_hours*New_starters_fraction_multiplier).

END IF.

DO IF (New_starters_status=2.0 AND Leaver_status=2.0).

COMPUTE
S_Absence_Hours_NEW=(SumOfNew_abs_hours*New_starters_fraction_multiplier).

END IF.

DO IF (Leaver_status=3.0 AND New_starters_status=1.0).
```

```
COMPUTE S_Absence_Hours_NEW=(SumOfNew_abs_hours*Leavers_multiplier).

END IF.

DO IF (Leaver_status=1.0 AND New_starters_status=1.0).

COMPUTE S_Absence_Hours_NEW=(FTE_equiv_fraction*SumOfNew_abs_hours).

END IF.

DO IF (New_starters_status=3.0).

COMPUTE S_Absence_Hours_NEW=(FTE_equiv_fraction*SumOfNew_abs_days).

END IF.

DO IF (New_starters_status=2.0 AND Leaver_status=1.0).

COMPUTE
S_Absence_Hours_NEW=(SumOfNew_abs_days*New_starters_fraction_multiplier).

END IF.

DO IF (Leaver_status=3.00 AND New_starters_status=2.0).

COMPUTE
S_Absence_Hours_NEW=(SumOfNew_abs_days*starters_leavers_fraction_of_full_year_m
ultiplier).

END IF.

DO IF (New_starters_status=2.0 AND Leaver_status=1.0).

COMPUTE
S_Absence_Days_NEW=(SumOfNew_abs_hours*New_starters_fraction_multiplier).

END IF.

DO IF (New_starters_status=2.0 AND Leaver_status=2.0).

COMPUTE
S_Absence_Days_NEW=(SumOfNew_abs_hours*New_starters_fraction_multiplier).

END IF.

DO IF (Leaver_status=3.0 AND New_starters_status=1.0).

COMPUTE S_Absence_Days_NEW=(SumOfNew_abs_hours*Leavers_multiplier).

END IF.

DO IF (Leaver_status=1.0 AND New_starters_status=1.0).
```

```
COMPUTE S_Absence_Days_NEW=(FTE_equiv_fraction*SumOfNew_abs_hours).

END IF.

DO IF (New_starters_status=3.0).

COMPUTE S_Absence_Days_NEW=(FTE_equiv_fraction*SumOfNew_abs_days).

END IF.

DO IF (New_starters_status=2.0 AND Leaver_status=1.0).

COMPUTE
S_Absence_Days_NEW=(SumOfNew_abs_days*New_starters_fraction_multiplier).

END IF.
```

# Appendix (iv): Demographic Data

## Marital Status

Table 10.1 *The total number of employees by age group and marital status in 2013*

| Marital Status | < 50 years old | ≥ 50 years old | Status Total (% within completed cases) |
|---|---|---|---|
| Civil Partner (% of status total) | 18 (90) | 2 (10) | 20 (0.27) |
| Divorced (% of status total) | 90 (58.44) | 64 (41.46) | 154 (2.05) |
| Domestic partner (% of status total) | 28 (82.35) | 6 (17.65) | 34 (0.45) |
| Legally separated (% of status total) | 19 (61.29) | 12 (38.71) | 31(0.41) |
| Living together (% of status total) | 252 (94.03) | 16 (5.97) | 268 (3.57) |
| Married (% of status total) | 1,251 (72.35) | 478 (27.65) | 1,729 (23.00) |
| Single (% of status total) | 5,146 (97.96) | 107 (2.04) | 5,253 (69.88) |
| Widowed (% of status total) | 8 (28.57) | 20 (71.43) | 28 (0.37) |
| Missing (% of status total) | 49,910 (72.90) | 18,549 (27.10) | 68,459 |
| Total number of cases | | | 75,976 |

The table 10.1 shows the numbers who reported marital status and those with missing data in 2013. The under 50 years old cohort are significantly more likely ($X^2$ [10, N =75,976] =1737.232, p <0.001) to report themselves as a single employee (97.96%, n=5,146) than those who are in the 50 years and over cohort (2.04%, n=107). Additionally, those living together are significantly more likely to be found within the under 50 years old age group ($X^2$ [9, N =75,976] =1978.715, p <0.001) (94.03%, n=252), which is disproportionate to the percentage of the overall workforce who are under 50 (74.95%). This may be distorted by the fact that there are more people < 50 years old represented in the data so only limited conclusions can be drawn.

## Disability Status

Table 10.2 *The total number of employees by age group and disability status in 2013*

| **Disability Status** | **< 50 years old** | **≥ 50 years old** | **Status Total** (% within completed cases) |
|---|---|---|---|
| None (% of status total) | 16,482 (73.08) | 6,070 (26.92) | 22,552 (94.62) |
| Other (% of status total) | 395 (57.41) | 293 (42.59) | 688 (2.89) |
| Prefer not to say (% of status total) | 326 (58.42) | 232 (41.58) | 558 (2.34) |
| Learning difficulty (% of status total) | 14 (100.00) | 0 (0.00) | 14 (0.06) |
| Mental ill health (% of status total) | 4 (100.00) | 0 (0.00) | 4 (0.02) |
| Hearing impairment (% of status total) | 7 (100.00) | 0 (0.00) | 7 (0.03) |
| Mobility (% of status total) | 5 (100.00) | 0 (0.00) | 5 (0.02) |
| Co-ordination/ dexterity (% of status total) | 2 (50.00) | 2 (50.00) | 4 (0.02) |

| | | | |
|---|---|---|---|
| Visual impairment<br>(% of status total) | 1 (50.00) | 1 (50.00) | 2 (0.00) |
| Missing<br>(% of status total) | 39,465 (75.72) | 12,652 (24.28) | 52,117 |
| Total number of cases | | | 75,976 |

Table 10.2 above shows the numbers of reported disability status cases and those with missing data in 2013. There is more chance of the workforce aged 50 years old and over to be represented within 'other' and 'prefer not to say' compared to those under 50 years old ($X^2$ [10, N =70,355]=205.896, p <0.001).

**Religion**

Table 10.3 shows the numbers of reported religious status responses and those with missing data within 2013. There are a significantly disproportionate number cases aged 50 and over within 'prefer not to say' (33.64%) and 'Christian' (39.30%) compared to those aged 50 years old and under ($X^2$ [9, N =75,976] =1978.715, p <0.001).

Table 10.3 *The total number of employees by age group and religious status in 2013*

| **Religion status** | **< 50 years old** (% of religious status group) total) | **≥ 50 years old** (% of religious status group) total) | **Status Total** (% within completed cases) |
|---|---|---|---|
| Buddhist<br>(% of status total) | 126 (90.00) | 14 (10.00) | 140 (0.59) |
| Hindu<br>(% of status total) | 448 (84.53) | 82 (16.47) | 530 (2.23) |
| Christian<br>(% of status total) | 7,002<br>(60.70) | 4,535<br>(39.30) | 11,537 (48.59) |
| Jewish<br>(% of status total) | 14 (70.00) | 6 (30.00) | 20 (0.08) |
| Muslim<br>(% of status total) | 484 (97.19) | 14 (2.81) | 498 (2.10) |
| Sikh | 99 (79.84) | 25 (20.16) | 124 (0.52) |

| | | | |
|---|---|---|---|
| (% of status total) | | | |
| None<br>(% of status total) | 7,833 (85.18) | 1,363 (14.82) | 9,196 (38.73) |
| Other<br>(% of status total) | 533 (71.54) | 212 (28.46) | 745 (3.14) |
| Prefer Not to Say<br>(% of status total) | 653 (66.36) | 331 (33.64) | 984 (4.14) |
| Missing<br>(% of status total) | 39,530 (75.73) | 12,672 (24.27) | 52,202 |
| Total number of cases | | | 75,976 |

## Ethnicity

Table 10.4 *The total number of employees by age group and ethnicity in 2013*

| Ethnicity Group | < 50 years old | ≥ 50 years old | Ethnicity Group Total (% within completed ) |
|---|---|---|---|
| White British<br>(% of ethnicity group) total) | 15,130 (70.19) | 6,427 (29.81) | 21,557 (86.72) |
| Asian or Asian British- Indian<br>(% of ethnicity group) total) | 347 (82.23) | 75 (17.77) | 422 (1.70) |
| Asian or Asian British- Bangladeshi<br>(% of ethnicity group) total) | 116 (98.31) | 2 (1.69) | 118 (0.47) |
| Asian or Asian British- Other<br>(% of ethnicity group) total) | 466 (90.84) | 47 (9.16) | 513 (2.06) |
| Asian or Asian British- Pakistani<br>(% of ethnicity group) total) | 224 (96.97) | 7 (3.03) | 231 (0.92) |
| Black or Black British- Caribbean<br>(% of ethnicity group) total) | 44 (71.67) | 17 (28.33) | 61 (0.26) |
| Black or Black British- African<br>(% of ethnicity group) total) | 144 (91.72) | 13 (8.28) | 157<br>(0.63) |
| Black or Black British –Other<br>(% of ethnicity group) total) | 24 (77.42) | 7 (22.58) | 31 (0.12) |
| Chinese<br>(% of ethnicity group) total) | 20 (83.33) | 4 (16.67) | 24 (0.09) |
| Prefer not to say<br>(% of ethnicity group) total) | 189 (70.00) | 81 (30.00) | 270 (1.09) |

| | | | |
|---|---|---|---|
| Mixed Other<br>(% of ethnicity group) total) | 34 (80.95) | 8 (19.05) | 42 (0.17) |
| Other<br>(% of ethnicity group) total) | 31 (81.58) | 7 (18.42) | 38 (0.15) |
| Mixed- White and Asian<br>(% of ethnicity group) total) | 52 (89.66) | 6 (10.34) | 58 (0.23) |
| Mixed- White and Black African<br>(% of ethnicity group) total) | 17 (85.00) | 3 (15.00) | 20 (0.08) |
| Mixed- White and Black Caribbean<br>(% of ethnicity group) total) | 47 (90.38) | 5 (9.62) | 52 (0.21) |
| White Irish<br>(% of ethnicity group) total) | 90 (66.67) | 45 (33.33) | 135 (0.54) |
| White Other<br>(% of ethnicity group) total) | 1,019 (90.26) | 110 (9.74) | 1,129 (4.54) |
| Missing | 38,709 (76.76) | 12,386 (24.24) | 51,095 |
| **Total number of cases** | | | 75,976 |

Table 10.4 shows the numbers of reported ethnicity status responses and those with missing data in 2013. It would be appear that many of the ethnicity groups are significantly underrepresented in the 50 years and over cohort ($X^2$ [18, N =70,357] =581.452, p <0.001), such as ‘Asian or Asian British- Pakistani’ (1.69%, n=2).

## Sexual Orientation

Table 10.5. *The total number of employees by age group and sexual orientation in 2013*

| **Sexual orientation status** | **< 50 years old** (% of sexual orientation group) total) | **≥ 50 years old** (% of sexual orientation group) total) | **Sexual Orientation Status Total** (% within completed cases) |
|---|---|---|---|
| Heterosexual/Straight (% of status total) | 15,609 (72.13) | 6,032 (27.87) | 21,641 (91.97) |
| Gay Man (% of status total) | 202 (90.99) | 20 (9.01) | 222 (0.94) |
| Lesbian Woman (% of status total) | 100 (90.91) | 10 (9.09) | 110 (0.47) |
| Bisexual (% of status total) | 218 (86.51) | 34 (13.49) | 252 (1.07) |
| Prefer not to say (% of status total) | 834 (64.95) | 450 (35.05) | 1,284 (5.46) |
| Other (% of status total) | 19 (90.48) | 2 (9.52) | 21 (0.08) |
| Missing (% of status total) | 39,721 (75.77) | 12,704 (24.13) | 52,425 |
| Total number of cases | | | 75,976 |

Table 10.5 (above) shows the numbers of reported sexual orientation responses and those missing cases in 2013. It would be appear that those 50 years old and over are significantly more likely to state their sexual orientation is 'prefer not to say' and significantly less likely to state they are 'gay man'; 'lesbian woman' and 'bisexual' sexual orientation subgroups ($X^2$ [7, N =70,357] =188.357, p <0.001).

## Region

Table 10.6 *The total number of employees by age group and region in 2013*

| **Region status** | **< 50 years old** | **≥ 50 years old** | **Region Status Total** (% within completed cases) |
|---|---|---|---|
| North (% of region status total) | 7,606 (71.30) | 3,062 (28.70) | 10,668 (14.40) |
| North West (% of region status total) | 6,784 (73.33) | 2,467 (26.67) | 9,251 (12.49) |
| Head office (% of region status total) | 1,265 (81.67) | 284 (18.33) | 1,549 (2.09) |
| Central and Eastern (% of region status total) | 7,192 (74.71) | 2,435 (25.29) | 9,627 (12.99) |
| South East (% of region status total) | 8,875 (80.52) | 2,147 (19.48) | 11,022 (14.88) |
| South West and Wales (% of region status total) | 11,122 (71.82) | 4,363 (28.18) | 15,485 (20.90) |
| Scotland NI IOM (% of region status total) | 7,697 (76.08) | 2,420 (23.92) | 10,117 (13.66) |
| Logistics (% of region status total) | 4,612 (75.64) | 1,485 (24.36) | 6,097 (8.23) |
| Farms (% of region status total) | 197 (73.23) | 72 (26.76) | 269 (0.36) |
| Missing (% of region status total) | 1,686 (78.13) | 472 (21.87) | 2,562 |
| Total number of cases | | | 76,647 |

Table 10.6 (above) shows the numbers of employees in 2013 by recorded region and those with missing data. Older workers were significantly more likely to be represented in the North and South West regions than the under 50 age group ($X^2$ [10, N =76,647] =407.68, p <0.001).

**Appendix (v): Interview Schedule for Employees Approaching or Beyond Traditional Retirement Age v4**

Interview Questions- Older Workers

1. Can you tell me about your experiences working for [name of organisation]?
2. Could you tell me about your experiences of working for [name of organisation]? [prompt…what are your perceptions of your health, productivity and skills. What are the perceptions of colleagues/workplace?]
3. What promotes a positive and healthy environment for you at [name of organisation]? [prompt…does your supervisor support you/ what are the attitudes of colleagues/ are there any work place adjustments]
4. What helps you to feel supported as a worker, approaching or beyond traditional retirement age? [prompt…conditions at work/ work place adjustments]
5. What would encourage you to work for longer (past traditional retirement age)? [prompt…. what are the facilitators, for example, personal home life situation, financial reasons, health, or work place environment – for example, flexible work hours, supportive colleagues?]
6. In general, do you feel that [name of organisation] creates an environment that enables people to work for longer and why? [prompt….what are the organisational/store level facilitators/barriers?]
7. What do you feel, prevents people from being able to work for longer (past traditional retirement age)? [prompt… what are the barriers, for example, personal home life situation, travelling to or from work, health, or work
8. What do you think [name of organisation] can do to support a work force that is getting older? [prompt…promote understanding of the added value of a diverse and older workforce]
9. Are you intending to stay on in the [name of organisation] post traditional retirement age and what are your key reasons for this [what are the negative factors and positive factors for example, financial, health, work factors such as job demands]?

## Appendix (vi): Interview Schedule for Supervisors Supporting Employees Approaching or Beyond Traditional Retirement Age

Interview Questions- Supervisors

1. Can you tell me about your experiences working for [name of organisation]?
2. Could you tell me about your experiences of managing employees approaching or beyond traditional retirement age working for [name of organisation]? [prompt…what are your perceptions of employees' health, productivity and skills. What are the perceptions of colleagues/workplace?]
3. What promotes a positive and healthy environment for older workers [name of organisation]? [prompt…how do you support employees / what are the attitudes of colleagues/ are there any work place adjustments]
4. What helps you to feel supported as a manager, supporting those approaching or beyond traditional retirement age? [prompt…conditions at work/ work place adjustments]
5. In general, do you feel that [name of organisation] creates an environment that enables people to work for longer and why? [prompt….what are the organisational/store level facilitators/barriers?]
6. What do you feel, prevents people from being able to work for longer (past traditional retirement age)? [prompt… what are the barriers, for example, personal home life situation, travelling to or from work, health, or work
7. What do you think [name of organisation] can do to support a work force that is getting older? [prompt…promote understanding of the added value of a diverse and older workforce]

**Appendix (vii): Participant Information Sheet (Older Workers)**

**Participant Information Sheet PhD Project in collaboration with The Cooperative**

*Study to explore Ageing, Health and Retirement Choices: a case study of a large private sector retail organisation*

**Introduction**

The Cooperative and Clare Edge, PhD Student in the School of Psychology and Public Health at the University of Salford would like to invite you to participate in a research project surrounding ageing, health and retirement choice at work. Your participation is voluntary and would involve taking part in an interview concerning your views and experiences of ageing, health and retirement choices in the workplace.

We want you to be able to speak openly about your experiences of working at The Cooperative in relation to ageing, health and retirement choices in order to inform organisational policy and wider practice. Please be assured that everything you say will remain confidential.

Please take time to read the following information carefully. Please feel free to ask questions if anything you read is not clear or you would like more information and take time to decide whether or not to take part.

**What is the purpose of the study?**

The research project explores the experiences of employees who are approaching traditional retirement age in order to inform future practice and support for employees. It has come about as a result of previous research and collaborative exploratory work within The Cooperative by the University of Salford which highlighted a need for the research.

Some examples of the sorts of questions we would like to explore with you are:

- What do you think The Coop can do to support a work force that is getting older?
- What promotes a positive and healthy environment for you at The Coop?

**Why have I been invited?**

You have been selected as a potential participant because you are an employee who is aged over 60 and/or may be approaching or beyond traditional retirement age, so

you have a unique perspective on ageing, health and retirement choices, in a diverse workforce. We will be speaking to 15 employees over 60 years old as part of the study. We have chosen to speak to individuals who are aged 60 and over due to the proximity to traditional retirement age and the recent abolition statutory retirement age, meaning employees are able to worker for longer if they choose to. The research is about appreciating the value of older workers and their positive contribution to the organisation, as well as, expelling myths that may exist within the workplace as research shows that ageing is a matter of perception.

**Do I have to take part?**

No, it is up to you to decide to join the study. We will describe the study and go through this information sheet. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw at any time without giving a reason. After 1st August 2016 any information collected prior to your withdrawal may be used but only in an anonymised form. This would not affect your rights or services available to you as an employee.

**What will happen to me if I take part?**

You will be contacted by Clare Edge, a Public Health PhD student at University of Salford, who will arrange a suitable time for an interview to take place. The interview will take no more than 1.5 hours. The research interview will take place only on one occasion. The interview may take place at your place of work, or an alternative venue within the group, over the telephone, or in a public place other than The Coop.

You may be concerned that other people will be able to know what you've said in the interview. We will do our very best to protect you from this by removing identifying information, for example changing your name and your exact age. A summary of the final report will be made available to you by The Cooperative and the final thesis resulting from this project will be publicly available through the University Library.

**What are the possible benefits of taking part?**

We cannot promise the study will help you but the information we get from the study will
help to increase the understanding of ageing, health and retirement choices in a diverse workforce.

**What are the possible risks of taking part?**

You may find that want to talk about issues that are of a sensitive nature and are worried about the implications of passing this on. Please be assured that we will not pass anything on that you are unhappy about.

**What will happen if I don't want to carry on with the study?**

If you withdraw from the study, we will destroy all your data, but we will need to use the data collected up to your withdrawal.

You will be able to withdraw from the project at any time without giving a reason. After 1st August 2016 information collected prior to your withdrawal may be used but only in an anonymised form.

**What if there is a problem?**

If you have a concern about any aspect of this study, you should ask to speak to the PhD researcher, Clare Edge (c.e.edge@edu.salford.ac.uk) or her University supervisor Dr. Margaret Coffey (m.coffey@salford.ac.uk) who will do their best to answer your questions. If you remain unhappy and wish to complain formally, you can do this through The Cooperative complaints procedure. Details can be obtained from c.e.edge@edu.salford.ac.uk or Sharon.pegg@co-operative.coop

**Will my taking part in this study be kept confidential?**

Yes, your confidentiality will be safeguarded during and after the study. The procedures for handling, processing, storage and destruction of their data match the Data Protection Act 1998. Confidentiality will be safeguarded by ensuring that any data that will be gathered by audio recording the interview and then transcribed will be will be stored securely, with the PhD student researcher, Clare Edge being the custodian of the data. In addition:

- Hard paper/taped data will be stored in a locked cabinet, within locked office, accessed only by researcher.
- The taped data will be transcribed and all identifiable features of the data will be removed and coded so that it is anonymous (the code will only be known to the researcher and a master list identifying participants to the research codes data will be held on a password protected computer accessed only by the researcher). It will be retained for three years then disposed of securely.
- Only authorised persons such as supervisors within the University will ever have access to the coded data.
- All information which is collected about you during the course of the research will be kept strictly confidential, and any information about you which leaves The Coop will have your name or other identifiable feature removed so that you cannot be recognised.
- The results from the data analysis will be typed up, using anonymous quotes and used for the business reports and the PhD thesis; **no one will have access to view identifiable data unless you agree so.**

**What will happen to my data?**

Your data will be stored in a lockable draw and password protected memory stick. Once analysed you will be able to check the findings with the researcher and you will receive feedback on how we intend to use your data. All quotes will be anonymous and data will be destroyed after three years.

**What will happen to the results of the research study?**

The results will be presented in a report which will be published internally within The Cooperative and will be used as the main thesis project for the student researcher's PhD which will be available at the University of Salford library. *Participants will not be identified in the results unless consent is given.*

**Who is organising the research?**
Clare Edge, PhD student in the School of Psychology and Public Health at the University of Salford in partnership with The Cooperative.

**Who has reviewed the research?**

This study has been reviewed and given favourable opinion by University of Salford Ethics Committee.

**Further information and contact details**
If you have any questions please contact Clare Edge at c.e.edge@edu.salford.ac.uk. You can also contact my supervisor Dr Margaret Coffey at m.coffey@salford.ac.uk or by telephone on 0161 2952551

**Appendix (viii): Participant Information Sheet (Supervisors)**

**Participant Information Sheet PhD Project in collaboration with The Co-operative Group**

*Study to explore Ageing, Health and Retirement Choices: a case study of a large private sector food retail organisation*

**Introduction**

The Co-operative and Clare Edge, PhD Student in the School of Psychology and Public Health at the University of Salford would like to invite you to participate in a research project surrounding ageing, health and retirement choice at work. Your participation is voluntary and would involve taking part in an interview concerning your views and experiences of managing ageing, health and retirement choices in the workplace.

We want you to be able to speak openly about your experiences of working at The Co-operative in relation to ageing, health and retirement choices in order to inform organisational policy and wider practice. Please be assured that everything you say will remain confidential.

Please take time to read the following information carefully. Please feel free to ask questions if anything you read is not clear or you would like more information and take time to decide whether or not to take part.

**What is the purpose of the study?**

The research project explores the experiences of employees who are approaching retirement age in order to inform future practice and support for employees. It has come about as a result of previous research and collaborative exploratory work within The Co-operative by the University of Salford which highlighted a need for the research.

**Why have I been invited?**

You have been selected as a potential participant as you are or have involvement in store management supporting older employees who are approaching statutory retirement, and so you have a unique perspective on ageing, health, and retirement choices in a diverse workforce. We will be speaking to 30 individuals involved store management as part of the study.

**Do I have to take part?**

No, it is up to you to decide to join the study. We will describe the study and go through this information sheet. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw at any time without giving a reason. After September 1st 2015 any information collected prior to your withdrawal may be used but only in an anonymised form. This would not affect your rights or services available to you as an employee.

**What will happen to me if I take part?**

You will be contacted by Clare Edge, a Public Health PhD student at University of Salford, who will arrange a suitable time for an interview to take place. The interview will take no more than 1.5 hours. The research interview will take place only on one occasion.

You may be concerned that other people will be able to know what you've said in the interview. We will do our very best to protect you from this by removing identifying information, for example changing your name and your exact age. A summary of the final report will be made available to you by The Co-operative and the final thesis resulting from this project will be publically available through the University Library.

**What are the possible benefits of taking part?**

We cannot promise the study will help you but the information we get from the study will
help to increase the understanding of ageing, health and retirement choices in a diverse workforce.

**What are the possible risks of taking part?**

You may find that want to talk about issues that are of a sensitive nature and are worried about the implications of passing this on. Please be assured that we will not pass anything on that you are unhappy about.

**What will happen if I don't want to carry on with the study?**

If you withdraw from the study, we will destroy all your data, but we will need to use the data collected up to your withdrawal.

You will be able to withdraw from the project at any time without giving a reason. After 1st September, 2015 information collected prior to your withdrawal may be used but only in an anonymised form.

**What if there is a problem?**
If you have a concern about any aspect of this study, you should ask to speak to the PhD researcher, Clare Edge (c.e.edge@edu.salford.ac.uk) or her University supervisor Dr. Margaret Coffey (m.coffey@salford.ac.uk) who will do their best to answer your questions. If you remain unhappy and wish to complain formally, you

can do this through The Co-operative complaints procedure. Details can be obtained from C.E.Edge@edu.salford.ac.uk

**Will my taking part in this study be kept confidential?**

Yes, your confidentiality will be safeguarded during and after the study. The procedures for handling, processing, storage and destruction of their data match the Data Protection Act 1998. Confidentiality will be safeguarded by ensuring that any data that will be gathered by audio recording the interview and then transcribed will be will be stored securely, with the PhD student researcher, Clare Edge being the custodian of the data. In addition:

- Hard paper/taped data will be stored in a locked cabinet, within locked office,
- accessed only by researcher.
- The taped data will be transcribed and all identifiable features of the data will be removed and coded so that it is anonymous (the code will only be known to the researcher and a master list identifying participants to the research codes data will be held on a password protected computer accessed only by the researcher). It will be retained for three years then disposed of securely.
- Only authorised persons such as supervisors within the University will ever have access to the coded data.
- All information which is collected about you during the course of the research will be kept strictly confidential, and any information about you which leaves the The Co-operative will have your name or other identifiable feature removed so that you cannot be recognised.
- The results from the data analysis will be typed up, using anonymous quotes and used for the business reports and the PhD thesis; **no one will have access to view identifiable data unless you agree so.**

**What will happen to my data?**

Your data will be stored in a lockable draw and password protected memory stick. Once analysed you will be able to check the findings with the researcher and you will receive feedback on how we intend to use your data. All quotes will be anonymous and data will be destroyed after three years.

**What will happen to the results of the research study?**

The results will be presented in a report which will be published internally within The Co-operative and will be used as the main thesis project for the student researcher's PhD which will be available at the University of Salford library. *Participants will not be identified in the results unless consent is given.*

**Who is organising the research?**

Clare Edge, PhD student in the School of Psychology and Public Health at the University of Salford in partnership with The Co-operative.

**Who has reviewed the research?**

This study has been reviewed and given favourable opinion by University of Salford

Ethics Committee.

**Further information and contact details**

If you have any questions please contact Clare Edge at c.e.edge@edu.salford.ac.uk c.e.edge@edu.salford.ac.uk or clare.edge@co-operative.coop. You can also contact my supervisor Dr Margaret Coffey at m.coffey@salford.ac.uk or 0161 2952551

## Appendix (ix): Participant Consent Form

# Research Participant Consent Form

**Title of Project:** *Study to explore Ageing, Health and Retirement Choices in a diverse workforce*
**Ethics Ref No:** HSCR14/75
**Name of Researcher:** Clare Ellen Edge

*(Delete as appropriate)*

| Statement | | |
|---|---|---|
| • I confirm that I have read and understood the information sheet for the above study and what my contribution will be | **Yes** | **No** |
| • I have been given the opportunity to ask questions (face to face, via telephone and e-mail) | **Yes** | **No** |
| • I agree to be interviewed for an hour about my experiences in relation to the ageing workforce | **Yes** | **No** |
| • I agree to be voice recorded during my interview | **Yes** | **No** |
| • I agree to anonymous transcripts of what I say during the interview to be typed up and used for the research with The Coop | **Yes** | **No** |
| • I agree to anonymised quotes to be used in the final report or for media purposes | **Yes** | **No** |
| • I understand that my participation is voluntary and that I can withdraw from the research at any time **without giving any reason** | **Yes** | **No** |
| • I understand how the researcher will use my responses, who will see them and how the data will be stored | **Yes** | **No** |
| • **I agree to take part in the above study** | **Yes** | **No** |

Name of participant: …………………………………………………………….

Signature: …………………………………………………………….

Date: …………………………………………………………….

Name of researcher taking consent: Clare Ellen Edge

Researcher's e-mail address: c.e.edge@edu.salford.ac.uk

**Appendix (x): Service Provider Agreement Form**

# Transcription Services Confidentiality Agreement

**Title of Project:** *Study to explore Ageing, Health and Retirement Choices in a diverse workforce*

**Ethics Ref No:** HSCR14/75

*(Delete as appropriate)*

| | | |
|---|---|---|
| • **I understand there is a confidentiality & anonymity ethics agreement and non-disclosure agreement in place between the University of Salford and The Co-operative.** | **Yes** | **No** |
| • I will ensure all participant details on all transcript data will use numbers and identifying features such as place names will be removed. | **Yes** | **No** |
| • Data used for the purpose of transcription will be downloaded onto a password protected computer and destroyed after completion of transcription. | **Yes** | **No** |
| • At no point will any data be passed on or discussed with the collaborating organisation (The Co-operative) or shared with any third party. | **Yes** | **No** |

Name of service provider: ………………………………………………………….

Signature: ………………………………………………………….

Date: ………………………………………………………….

Name of researcher: Clare Ellen Edge

Researcher's e-mail address: c.e.edge@edu.salford.ac.uk